



U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

400 Seventh Street, S.W.
Washington, D.C. 20590

Dear Crash Data Researchers/Users:

Thank you for choosing crash data from the National Highway Traffic Safety Administration (NHTSA) for your research or other use. The information contained in this motor vehicle crash report is collected, maintained and distributed in accordance with Public Law 89-564. In accordance with this Public Law, NHTSA is required not to release any case information until completion of quality control procedures. These procedures include a review of the case material to extract all names, licenses and registration numbers, non-coded interview material, non-research related researcher comments in the margins, non-factual data, and the production number portion of the vehicle identification number (VIN).

If you requested NHTSA to query its database files in order to identify a specific crash, then that query was made using non-personal descriptors you provided for use in our search. This motor vehicle crash may have been identified from a data search and matches the general, non-personal descriptors you provided, but we cannot confirm that this is the specific crash report you requested.

If you have any questions with regard to the above procedures, please contact the Field Operations Branch, Crash Investigation Division, National Center for Statistics and Analysis at 202-366-4820. Again, please be advised that we cannot confirm that this is the case that you have specifically requested nor can we certify the information to be correct.

*** *** ***



AUTO SAFETY HOTLINE
(800) 424-9393
Wash. D.C. Area 366-0123

DS 9005

DYNAMIC SCIENCE, INC.
Contract DTNH22-87-C-47169

**SPECIAL INVESTIGATION
PASSIVE BELT SYSTEM
DSI-90-AB-05**

[REDACTED] 1990

TECHNICAL SUMMARY

CONTRACTOR: Dynamic Science, Inc.

CONTRACT NUMBER: DTNH-22-87-C-47169

CASE NUMBER: DSI-90-AB-05

[REDACTED]

This two-vehicle collision occurred mid-week during late afternoon hours in late [REDACTED], 1990 in a rural area of Michigan. The weather was cloudy, the temperature was in the mid 50's and the road was dry.

Vehicle 1 is a 1990 Buick LeSabre four-door Sedan, equipped with passive 3 point lap shoulder belts, and was being driven by a 71 year old male. The right front passenger was a 68 year old female. They were traveling the back roads for a leisurely drive and had entered the asphalt road from a two-lane gravel road to the west. Vehicle 1 was traveling easterly in the eastbound lane. Vehicle 2 is a 1980 Chevrolet Monte Carlo and was driven by a 19 year old male who was reportedly drinking beer while driving. The vehicle was allegedly traveling at a high rate of speed westbound on a two-lane rural asphalt road.

The driver of Vehicle 2 apparently lost control of his vehicle and swerved left directly into the path of Vehicle 1. At impact, the full frontal plane of Vehicle 1 struck Vehicle 2 in the vicinity of the right front fender and rearward to include the right front passenger door. Vehicle 2 rolled over the hood and top of Vehicle 1, struck the roadway on its top coming to final rest position on the vehicles left side (3/4 turn roll over).

The passenger in Vehicle 1 was declared deceased at the scene. The driver was admitted to a hospital with injuries of an unknown nature and severity. The driver of Vehicle 2 was declared deceased at the scene. He was not wearing his available lap and shoulder belt.

Both vehicles were towed from the scene due to damage and were considered total losses.

The opinions, findings, and conclusions expressed in this publication are those of the authors and not necessarily those of the National Highway Traffic Safety

DYNAMIC SCIENCE, INC.
HEAVY TRUCK ACCIDENT INVESTIGATION
CASE NUMBER: DSI-90-AB-05

TABLE OF CONTENTS

Accident Data.....	1
Ambience.....	1
Roadway.....	1
Vehicles.....	2
Vehicle Damage.....	2
Velocity Estimates.....	2
Collision Sequence.....	3
Occupant Data.....	4
Injuries.....	5

Appendices:

- A. Field Forms and Airbag Supplement
- B. Police Accident Report

Dynamic Science, Inc.
In-Depth Investigation
Case Number: DSI-90-AB-05

ACCIDENT DATA:

Location:	[REDACTED] Michigan
Area/Type:	Rural
Date/Time:	Late afternoon/late [REDACTED] 1990
Accident Type:	Right angle
Injury Severity (striking vehicle):	Fatal
Injury Severity (struck vehicle):	Fatal

AMBIENCE:

Light Conditions:	Daylight
Atmosphere:	Cloudy, light winds
Precipitation:	None
Road Surface:	Dry

ROADWAY:

Vehicle 1 and Vehicle 2

Type:	2-Lane Local
Width:	20' (10' travel lanes)
Traffic Density:	Light
Median:	None
Edge:	Unimproved, 3.0' gravel shoulder
Surface:	Asphalt
Co-efficient of Friction:	Estimated 0.65
Horizontal Alignment:	Straight
Vertical Alignment:	Unknown
Speed Limit:	Unknown
Markings:	Solid yellow center lines separating the east/west lanes and denoting a no passing zone.

Dynamic Science, Inc.
In-Depth Investigation
Case Number: DSI-90-AB-05

VEHICLES:

Description:
Securiflex Windshield:
Windshield Damage/Source:
Fleet:
Tow Status:
Reported Defects:
Previous Repairs:
Active Restraints:

Passive Restraints:

Vehicle 1

1990 Buick LeSabre, 4-door
Unknown
Holed/hood
No
Towed due to damage
None
Unknown
Lap shoulder belts rear out-
board seating position, lap
belt only, center seating
position.
Non-motorized 3 point passive
lap/shoulder belts, outboard
right front and left front
seating position.

Vehicle 2

Description:
Securiflex Windshield:
Windshield Damage/Source:
Fleet:
Tow Status:
Reported Defects:
Previous Repairs:
Active Restraints:
Passive Restraints:

1980 Chevrolet, Monte Carlo
Unknown
Shattered/unknown
No
Towed due to damage
None
Unknown
Three-Point Lap/Torso Belt
None

VEHICLE DAMAGE:

Vehicle 1

Vehicle 2

Object Struck:
Event Number:
CDC:
Estimated Maximum
Crush:
Interior Damage:

Vehicle 2
One
11FDEW2
Unknown
Unknown

Vehicle 1
One
02RDEW3
Unknown
Unknown

Dynamic Science, Inc.
In-Depth Investigation
Case Number: DSI-90-AB-05

VELOCITY ESTIMATES:	<u>Vehicle 1</u>	<u>Vehicle 2</u>
Impact Speed:	Unknown	Excessive, per witnesses
Total Delta V:	Unknown	Unknown
Longitudinal		
Delta V:	Unknown	Unknown
Lateral Delta V:	Unknown	Unknown
Energy Dissipated:	Unknown	Unknown

Dynamic Science, Inc.
In-Depth Investigation
Case Number: DSI-90-AB-05

COLLISION SEQUENCE:

Pre-Crash: Vehicle 1, a 1990 red Buick LeSabre had been traveling southbound on a two-lane gravel roadway. Upon reaching the intersection with the asphalt roadway, the driver of Vehicle 1 turned left, entering the eastbound travel lanes and heading toward Vehicle 2.

Vehicle 2, a 1980 red Chevrolet Monte Carlo was traveling westbound on a two-lane, two-way asphalt paved roadway. The driver of Vehicle 2, lost control and allowed the vehicle to enter a counter clockwise rotating skid and crossed the center line into the path of Vehicle 1.

Crash: At impact #1, the frontal plane of Vehicle 1 struck the right side plane of Vehicle 2. Vehicle 2 rotated from right side to left side over the hood and roof of Vehicle 1 and struck the ground on its top (impact #2-V2).

Post Crash: Vehicle 2 continued in its rollover configuration and came to final rest position on its left side. At final rest, Vehicle 2 was facing southwest approximately 15.0 feet south of the eastbound lane edge. Vehicle 1 had rotated approximately 150 degrees clockwise and at final rest position was approximately 20.0 feet south of the eastbound lane edge. The right front passenger of Vehicle 1 had expired at the scene. The driver of Vehicle 1 was transported to a hospital and admitted for treatment.

The driver of Vehicle 2 had expired at the scene.

Dynamic Science, Inc.
In-Depth Investigation
Case Number: DSI-90-AB-05

Vehicle 1

Driver Activity: The elderly driver of Vehicle 1 was apparently taking a leisurely ride on country roads prior to the crash. He recalls turning left at the intersection but cannot recall crash events.

Vehicle 2

Driver Activity: The driver of Vehicle 2 was traveling westbound in the westbound lane reportedly at a high rate of speed when the vehicle suddenly swerved to his left, apparently out of control. The police report indicates that the driver was drinking beer at the time of the crash. The driver was deceased at the scene of the crash.

Scene Clearance: The driver of Vehicle 2 and the passenger in Vehicle 1 were transported to area funeral homes for autopsy and burial. The driver of Vehicle 1 was transported to a local hospital and admitted for treatment. Both vehicles were towed from the scene and later declared total losses.

DRIVER AND OTHER OCCUPANTS:

	<u>Driver</u>	<u>Vehicle 1</u> <u>Passenger</u>
Age/Sex:	71/Male	Right front
Seated Position:	Left front	Unknown
Height:	Unknown	Unknown
Weight:	Unknown	Unknown
Physical State:	Unknown	Unknown
Body Posture:	Unknown	Unknown
Hand Location:	Unknown	Unknown
Foot Location:	Unknown	
Active Restraint		None
Usage:	None	Lap/shoulder belts
Passive:	None	
Additional		None
Occupants:	One	
	68/Female	

Dynamic Science, Inc.
In-Depth Investigation
Case Number: DSI-90-AB-05


Vehicle 2

Driver

Age/Sex:	19/Male
Seated Position:	Left front
Height:	Unknown
Weight:	Unknown
Physical State:	Under the influence of alcohol
Body Posture:	Unknown
Hand Location:	Unknown
Foot Location:	Unknown
Active Restraint Usage:	None
Additional Occupants:	None

INJURIES:

<u>Injury</u>	<u>OIC Code</u>	<u>Source</u>
<u>V1, Driver</u>		
Unspecified injuries	UUUU-7	Steering wheel hub
<u>V1, Right Front Passenger</u>		
Fracture, base of skull	HIFS-3	Instrument panel
Fractures, right and left ribs	CBFS-3	Seat belts
<u>V2, Driver</u>		
Unspecified injuries	UUUU-7	Unknown



DYNAMIC SCIENCE
DSI-90-AB-05
1" = 20.0 FEET



PAGE 1 OF 2

NOTE:
100.0' DISTANCE
BREAK FROM R.P.

REFERENCE POINT

REFERENCE
LINE

22.0'

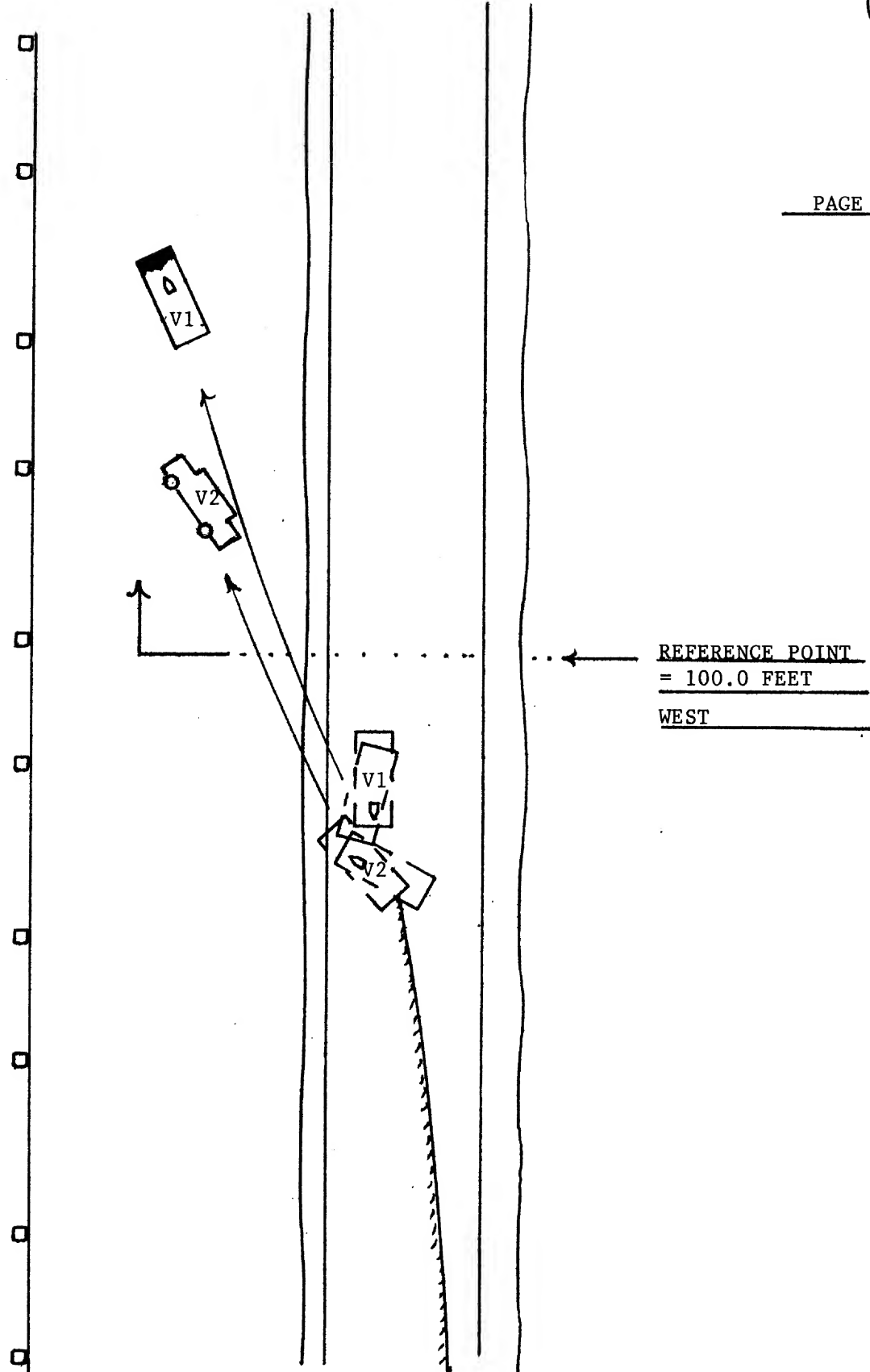
35.9'

2.0

10.0'

0.75

3.4'



COLLISION MEASUREMENTS

case number --- DSI-90-AB-05

Reference point: INTERSECTING ROAD EDGES - NE CORNER

Reference Line: SOUTH ROAD EDGE - EAST/WEST ROAD

*MEASUREMENTS & DIAGRAM FROM INVESTIGATORS FIELD NOTES

[illegible]

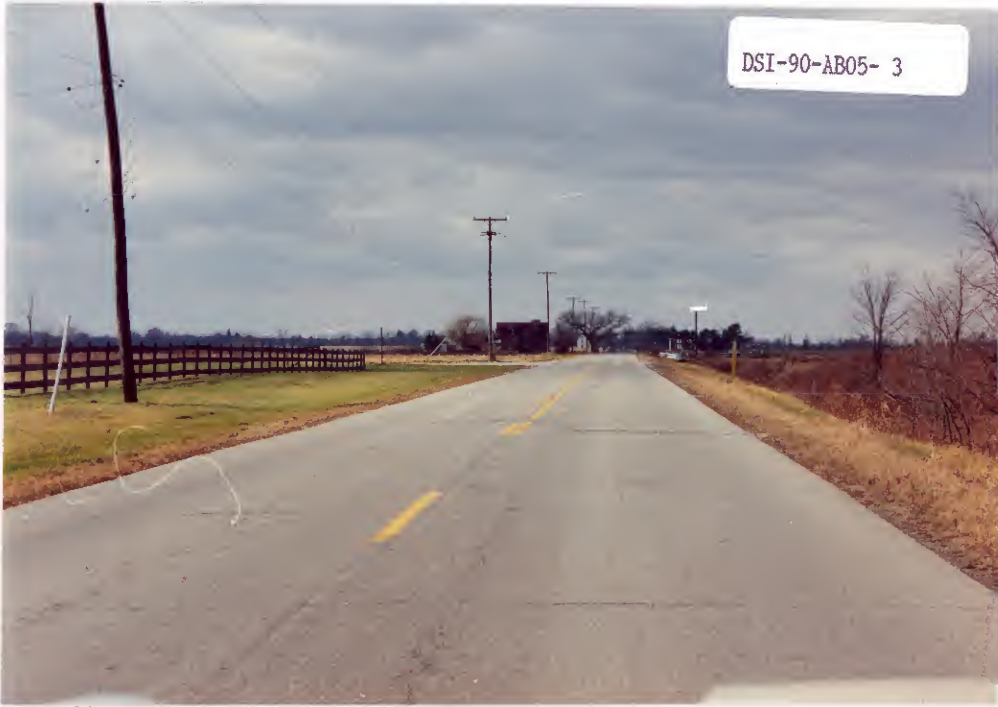
PHOTOGRAPH INDEX
CASE NO. DSI-90-AB-05

PHOTO	VEHICLE NO.	ORIENTATION	SUBJECT
1-2	1	SOUTH	PATH OF V1
3	2	WEST	PATH OF V2
5-33	1	CCW	EXTERIOR
	1		PHOTOS 6-11, DETAIL HOOD DAMAGE TO
			WINDSHIELD
	1		PHOTOS 12-14, SKIN, DRIVER CONTACT
			WITH WINDSHIELD
	1		PHOTO 16, DETAIL, TOP DAMAGE FROM
			CONTACT WITH AIRBORNE V2
	1		PHOTO 17, DETAIL, LEFT FRONT DOOR
			FRAME DAMAGE FROM CONTACT WITH
			AIRBORNE V2
	1		PHOTOS 18-19, DETAIL, TOP DAMAGE
			FROM CONTACT WITH AIRBORNE V2
	1		PHOTO 20, DETAIL, LEFT FRONT DOOR
			FRAME DAMAGE FROM CONTACT WITH
			AIRBORNE V2
	1		PHOTO 21, DETAIL, TOP DAMAGE FROM
			CONTACT WITH AIRBORNE V2
34-62	2	CCW	EXTERIOR
	2		PHOTO 52, DETAIL, RIGHT A PILLAR
	2		PHOTOS 53-56, V2 DAMAGE, CONTACT WITH
			V1 WHILE V2 AIRBORNE AND V2 GROUND
			CONTACT DURING ROLLOVER

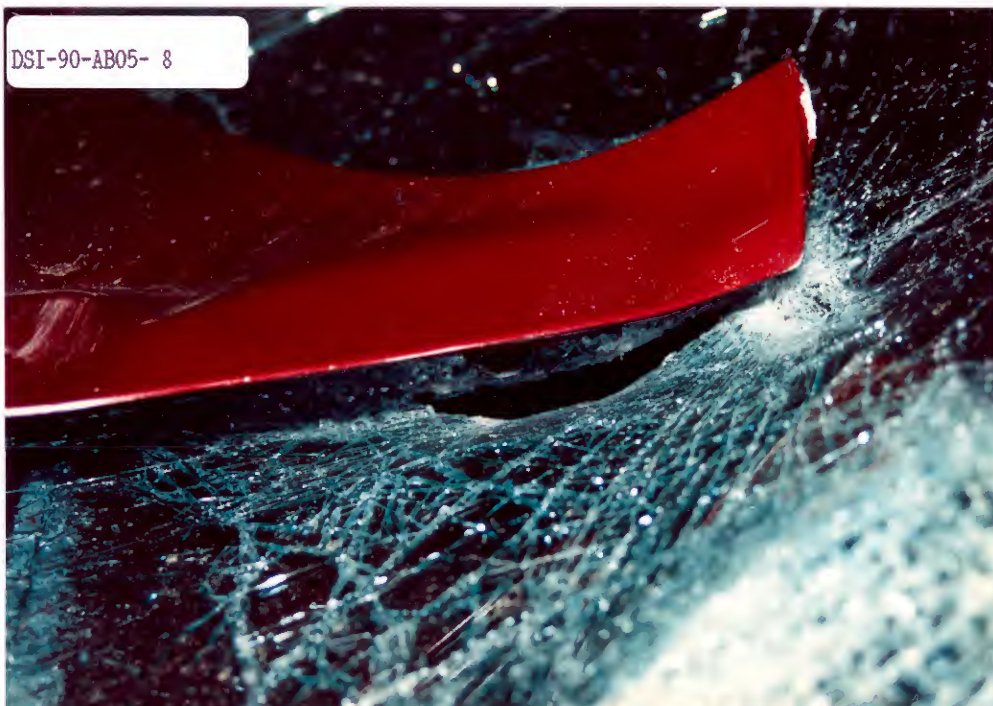
PHOTOGRAPH INDEX
CASE NO. DSI-90-AB-05

[illegible]







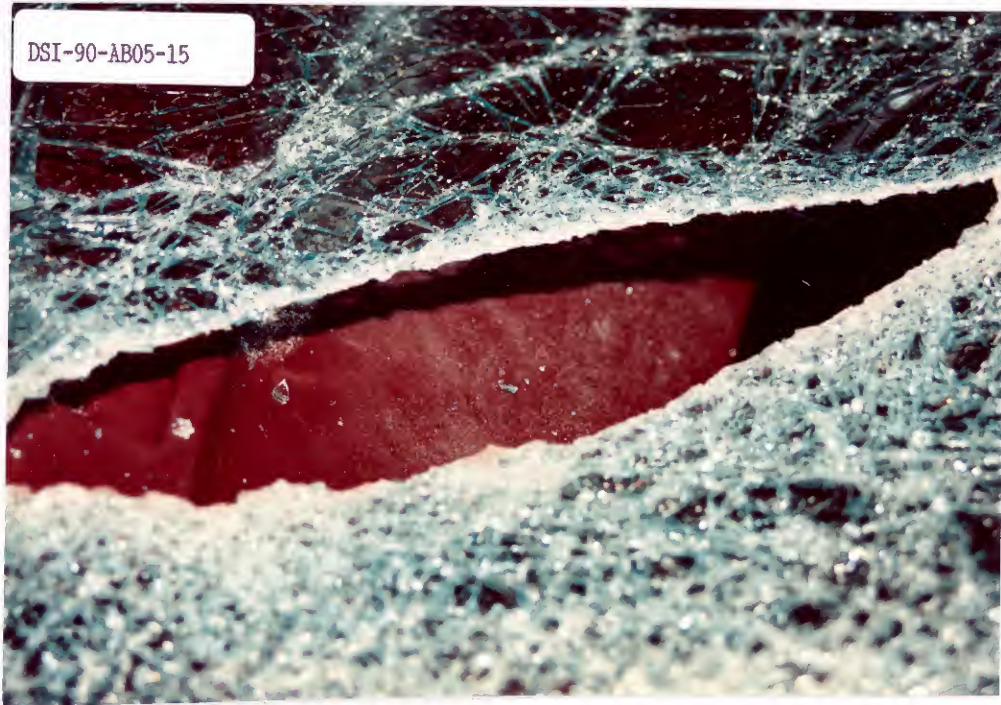








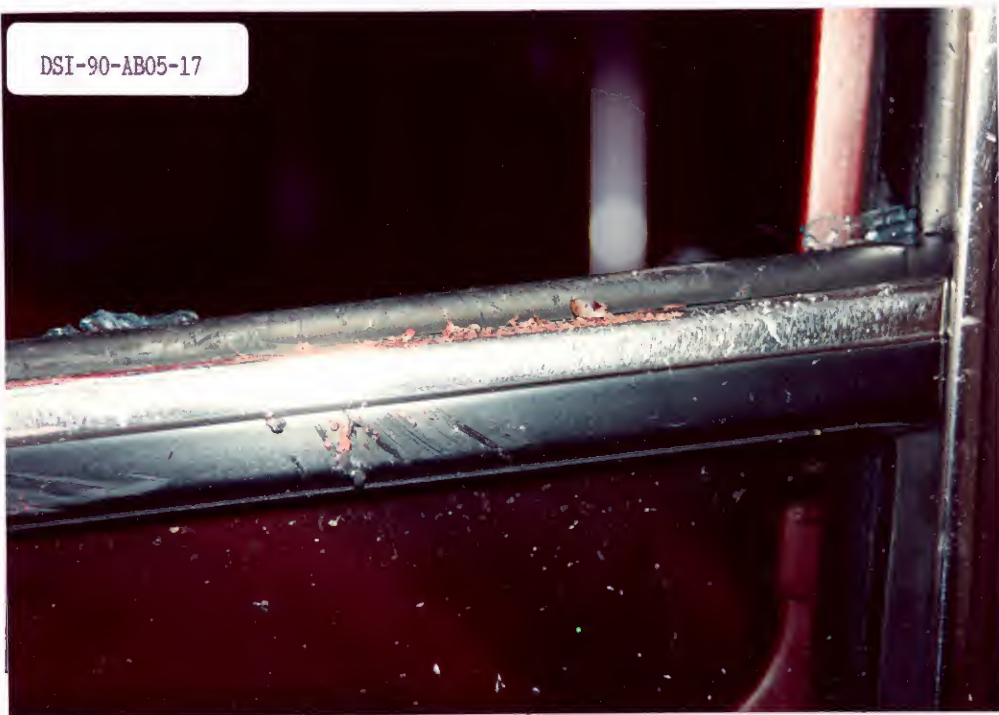
DSI-90-AB05-15



DSI-90-AB05-16



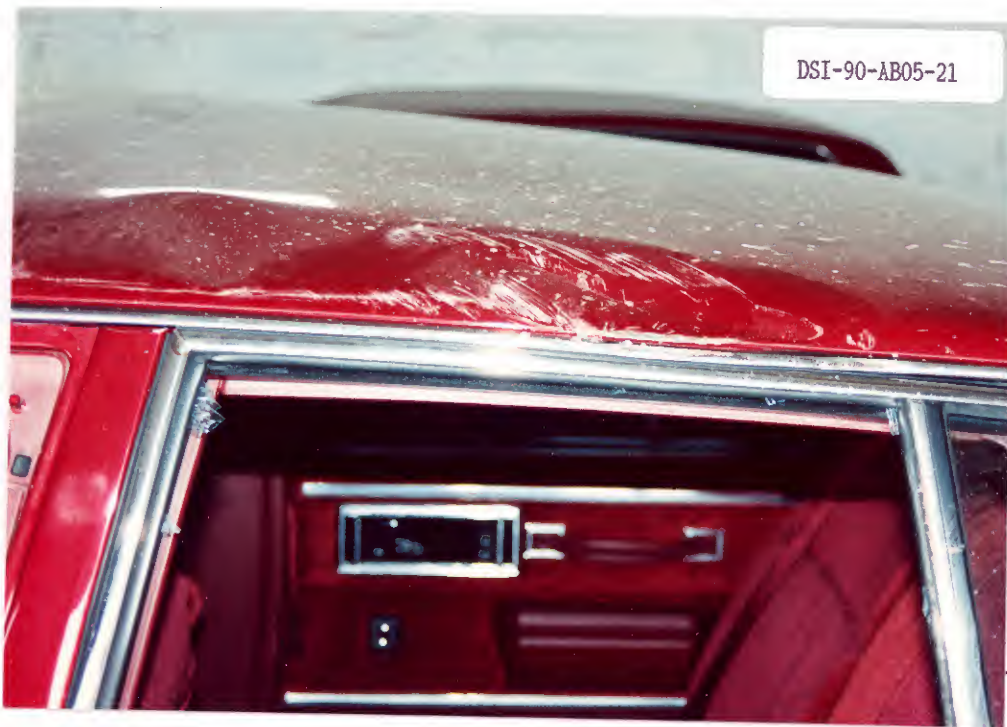
DSI-90-AB05-17



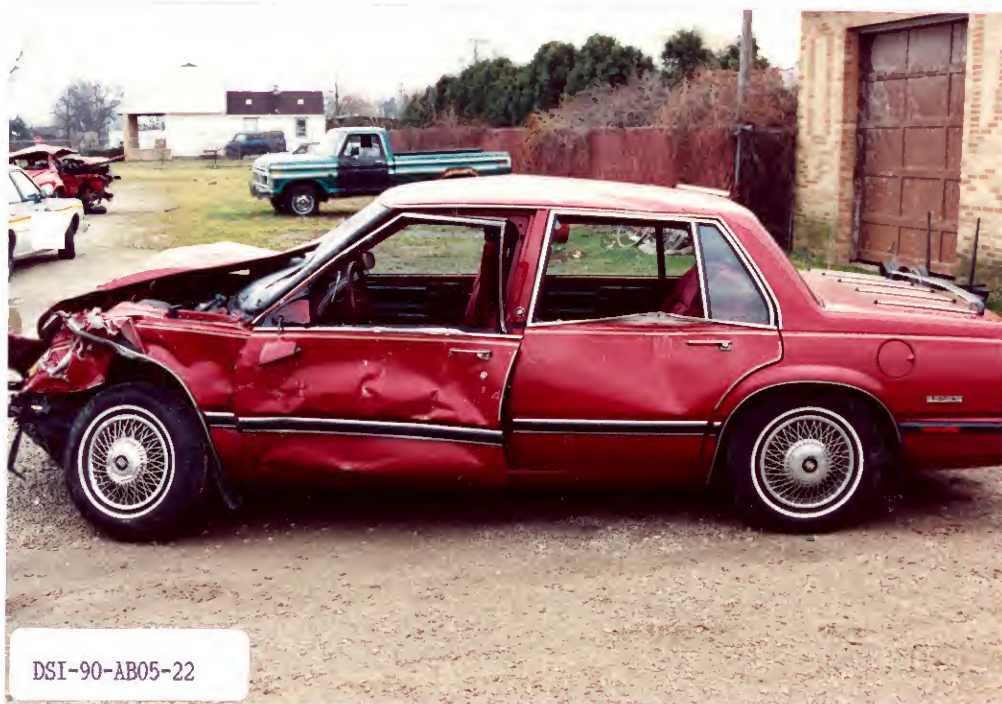
DSI-90-AB05-18





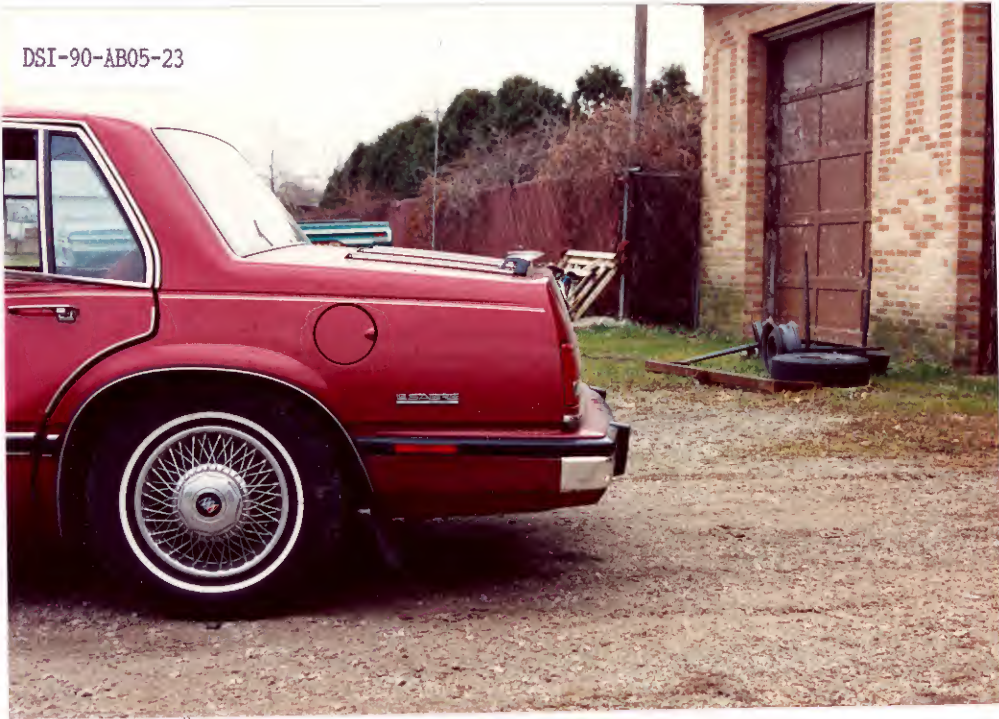


DSI-90-AB05-21



DSI-90-AB05-22

DSI-90-AB05-23



DSI-90-AB05-24



DSI-90-AB05-27



DSI-90-AB05-28









DSI-90-AB05-35



DSI-90-AB05-36





DSI-90-AB05-39



DSI-90-AB05-40





DSI-90-AB05-43



DSI-90-AB05-44











DSI-90-AB05-53



DSI-90-AB05-54

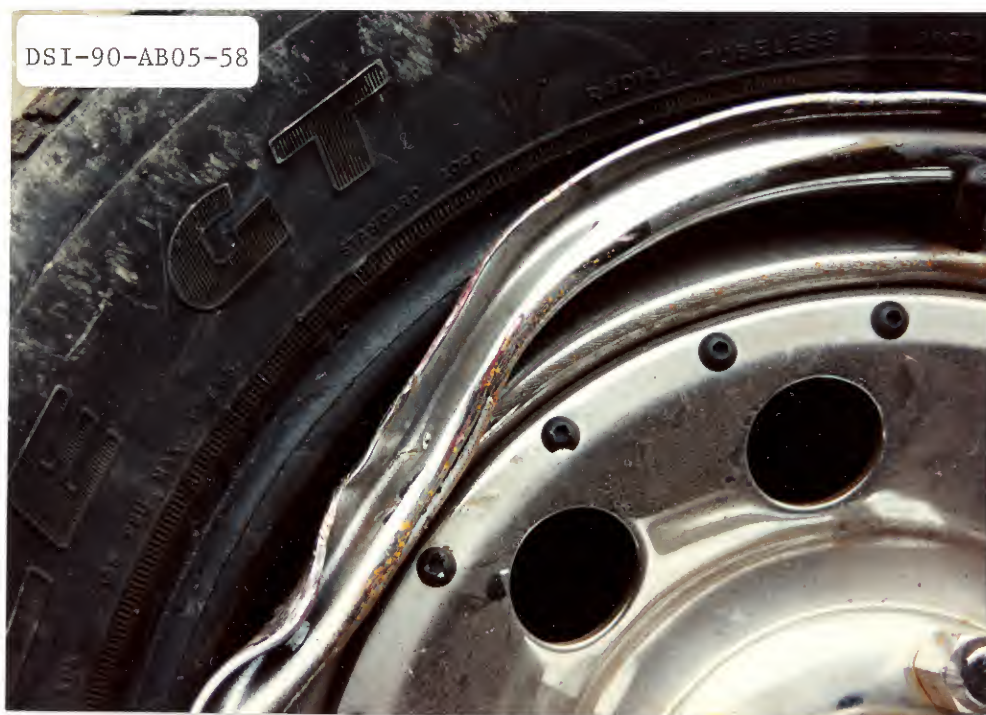


DSI-90-AB05-55

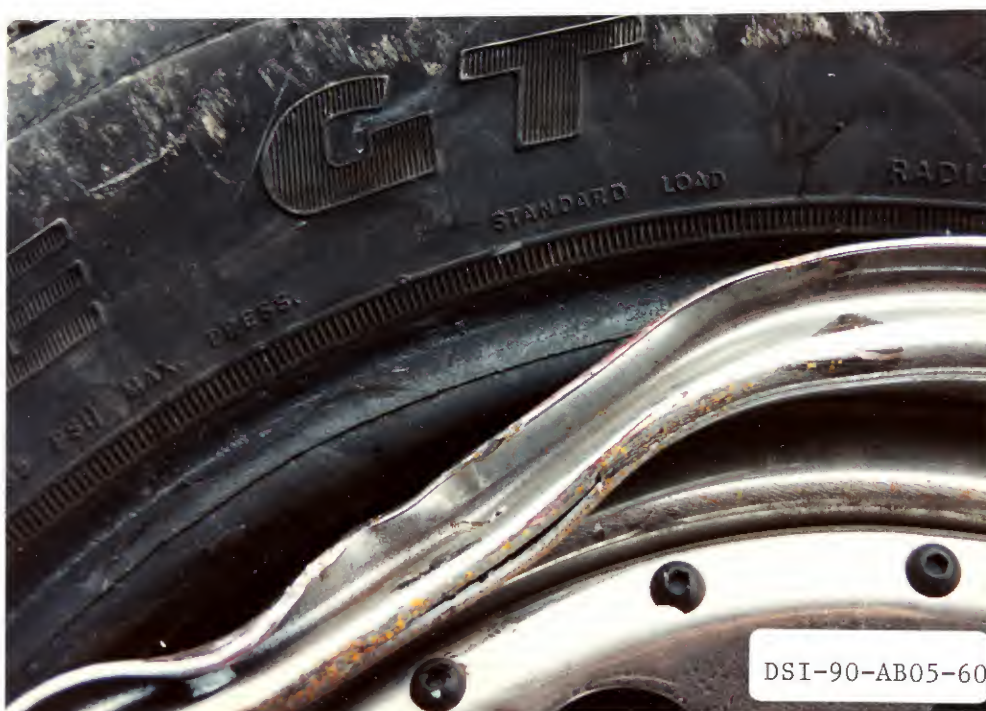


DSI-90-AB05-56





DSI-90-AB05-59



DSI-90-AB05-60

DSI-90-AB05-61



DSI-90-AB05-62



SLIDE INDEX
CASE NO. DSI-90-AB-05

SLIDE NO.	VEHICLE NO.	ORIENTATION	DESCRIPTION
1-2	1	SOUTH	APPROACH PATH
3-9	1	EAST	APPROACH PATH
10		WEST	POI
11	1	SOUTH	POFR
12	1	WEST	REVERSE PATH
13-15	1	NORTH	REVERSE PATH
16-22	2	WEST	APPROACH PATH
23	2	WEST	POI, BECOMES AIRBORNE
24	2	WEST	POINT OF LANDING
25	2	WEST	PATH, SLIDING ON TOP
26	2	WEST	PATH, ROLLS ONTO LEFT SIDE
27	2	WEST	POFR (ON LEFT SIDE)
28-35	1	CCW	EXTERIOR
			SLIDES 41-43, DETAIL, HOOD DAMAGE TO
			WINDSHIELD
			SLIDES 44-48, DETAIL, TOP DAMAGE
			FROM AIRBORNE V2
			SLIDES 62-63, DETAIL, HOOD DAMAGE TO
			WINDSHIELD
65-74	1	---	INTERIOR
			SLIDE 68, DETAIL, DRIVER'S SEAT
			BELTS (UNUSED)
			SLIDES 70-74, DETAIL, PASSENGERS
			SEAT BELTS (USED)

[illegible][illegible]



DS9005 #1



DS9005 #2



DS9005 #3



DS9005 #4



D89005 #5



DS9005 #6



DS 9005 #7



DS9005 #8



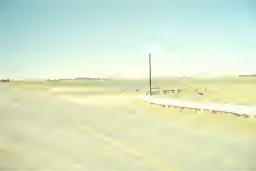
DS9005 #9



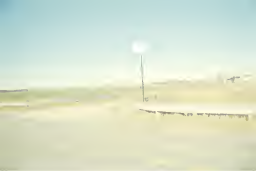
DS9005 #10



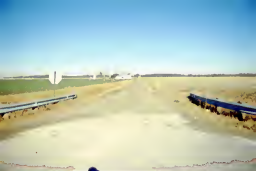
DS9005 #11



DS9005 #12



DS9005 #13



DS9005 #14



DS 9005 #15
Best Available



DS9005 #16



DS9005 #17



DS9005 #18



DS9006 #19



DS9005 #20



DS9006 #21



DS9005 #22



DS9005 #23



DS 9005 #24



DS9005 #25



DS9005 #26



DS9005 #27



DS9005 #28



DS 9005 #29



DS9005 #30



DS9005 #31



DS9005 #32



DS9005 #33



DS 9005 #34



DS 9005 #35



DS9005 #36



DS9005 #37



DS9005 #38



DS9005 #39



DS9005 #40



DS9005 #41



DS9005 #42



DS9005 #43



DS9005 #44



DS9005 #45



DS9005 #46



DS9005 #47



DS 9005 #48



D89005 #49



DS9005 #50



D88005 #51



DS9005 #52



DS9005 #53



DS9005 #54



DS8005 #55



DS9005 #56



DS9005 #57



DS9005 #58



DS9006 #59



DS 9005 #60



DS9005 #61



DS9005 #62



DS9005 #63



DS9005 #64
Best Available



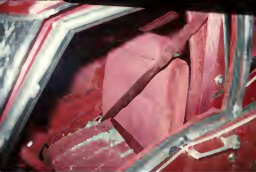
DS9005 #65
Best Available



DS9005 #66
Best Available



DS 9005 #67
Best Available



DS 9005 #68
Best Available



DS9005 #69
Best Available



DS 9005 #70
Best Available



DS9005 #71
Best Available



D89005 #72
Best Available



DS9005 #73
Best Available



DS9005 #74
Best Available



DS9005 #75



DS9005 #76



DS9005 #77



DS 9005 #78
Best Available



DS9005 #79
Best Available



DS9005 #80



DS9005 #81



DS9005 #B2



DS 9005 #83



DS9005 #84
Best Available



DS9005 #85



DS9005 #86



DS 9005 #87
Best Available



DS9005 #88



DS9005 #89



DS9005 #90
Best Available



DS9005 #91
Best Available



U.S. Department of Transportation
National Highway Traffic Safety
Administration

ACCIDENT FORM

BEST AVAILABLE

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Second case in a DOUBLE? (y/n) —

Case Number - DSI-90-AB-05

SPECIAL STUDIES INDICATORS

IDENTIFICATION

3. Number of General Vehicle
Forms Submitted

02

4. Date of Accident

7/9/0

5. Time of Accident

NUMBER OF EVENTS

11. Number of Recorded Events
in This Accident

03

Code the number of events which occurred in
this accident.

ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the
other involved vehicle or object on the right.

Accident Event Sequence Number	Vehicle Number	Class of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class of Vehicle	General Area of Damage
12. <u>01</u>	13. <u>01</u>	14. <u>04</u>	15. <u>E</u>	16. <u>02</u>	17. <u>03</u>	18. <u>R</u>
19. <u>02</u>	20. <u>01</u>	21. <u>04</u>	22. <u>I</u>	23. <u>02</u>	24. <u>03</u>	25. <u>I</u>
26. <u>03</u>	27. <u>02</u>	28. <u>03</u>	29. <u>I</u>	30. <u>01</u>	31. <u>00</u>	32. <u>0</u>
33. <u>04</u>	34. <u> </u>	35. <u> </u>	36. <u> </u>	37. <u> </u>	38. <u> </u>	39. <u> </u>
40. <u>05</u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>	45. <u> </u>	46. <u> </u>

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENTS SUPPLEMENT

CODES FOR CLASS OF VEHICLE

- (00) Not a motor vehicle
- (01) Subcompact/mini (wheelbase 100")
- (02) Compact (wheelbase - 100"-104")
- (03) Intermediate (wheelbase - 105"-109")
- (04) Full size (wheelbase - 110"-114")
- (05) Largest (wheelbase - 115")
- (09) Unknown passenger car size
- (11) Short utility vehicle
- (12) Truck based utility (10,000 lbs GVWR)
- (13) Passenger van (10,000 lbs GVWR)
- (14) Other van (10,000 lbs GVWR)
- (15) Pickup truck (10,000 lbs GVWR)
- (18) Other truck (10,000 lbs GVWR)
- (19) Unknown light truck type
- (20) School bus
- (21) Other bus
- (22) Truck (10,000 lbs GVWR)
- (23) Tractor without trailer
- (24) Tractor-trailer(s)
- (25) Motored cycle
- (28) Other vehicle
- (99) Unknown

CODES FOR GENERAL AREA OF DAMAGE (GAD)

CDC APPLICABLE AND OTHER VEHICLES

- (0) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back
- (T) Top
- (U) Undercarriage
- (9) Unknown

TDC APPLICABLE VEHICLES

- (0) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back of unit with cargo area (rear of trailer or straight truck)
- (D) Back (rear of tractor)
- (C) Rear of cab
- (V) Front of cargo area
- (T) Top
- (U) Undercarriage
- (9) Unknown

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

(01-30) - Vehicle number

Noncollision

- (31) Overturn - rollover
- (32) Fire or explosion
- (33) Jackknife
- (34) Other intraunit damage (specify):

- (35) Noncollision injury
- (38) Other noncollision (specify):

- (39) Noncollision - details unknown

Collision with Fixed Object

- (41) Tree (4 inches in diameter)
- (42) Tree (4 inches in diameter)
- (43) Shrubbery or bush
- (44) Embankment

- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (4 inches in diameter)
- (51) Pole or post (4 but 12 inches in diameter)
- (52) Pole or post (12 inches in diameter)
- (53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (specify):

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify):

- (69) Unknown fixed object

Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
- (72) Pedestrian
- (73) Cyclist or cycle
- (74) Other nonmotorist or conveyance (specify):

- (75) Vehicle occupant
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (88) Other nonfixed object (specify):

- (89) Unknown nonfixed object

- (98) Other event (specify):

- (99) Unknown event or object

GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Case Number

DSI-90-AB-05

Vehicle Number

01

VEHICLE IDENTIFICATION

4. Vehicle Model Year

90

Code the last two digits of the model year
(99) Unknown

5. Vehicle Make (specify):

BUICK

18

Applicable codes are found in your
NASS CDS Data Collection, Coding, and
Editing Manual.
(99) Unknown

6. Vehicle Model (specify):

LE SABRE

002

Applicable codes are found in your
NASS CDS Data Collection, Coding, and
Editing Manual.
(99) Unknown

7. Body Type

Note: Applicable codes are found on
the back of this page.

04

8. Vehicle Identification Number

1G4HP54C4LH

Left justify: Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nine's

OFFICIAL RECORDS

9. Police Reported Vehicle Disposition

- (0) Not towed due to vehicle damage
- (1) Towed due to vehicle damage
- (9) Unknown

1

10. Police Reported Travel Speed

22

Code to the nearest mph (NOTE: 00 means
less than 0.5 mph)
(97) 96.5 mph and above
(99) Unknown

11. Police Reported Alcohol Presence

2

- (0) No alcohol present
- (1) Yes (alcohol present)
- (7) Not reported
- (8) No driver present
- (9) Unknown

Note: See Variables 37 through 55 (Page 4)
for Information on Other Drugs

12. Alcohol Test Result for Driver

22

- Code actual value (decimal implied before
first digit—0.xx)
- (95) Test refused
 - (96) None given
 - (97) AC test performed, results unknown
 - (98) No driver present
 - (99) Unknown

Source

ACCIDENT RELATED

13. Speed Limit

22

- (00) No statutory limit
- Code posted or statutory speed limit
- (99) Unknown

14. Attempted Avoidance Maneuver

22

- (00) No impact
- (01) No avoidance actions
- (02) Braking (no lockup)
- (03) Braking (lockup)
- (04) Braking (lockup unknown)
- (05) Releasing brakes
- (06) Steering left
- (07) Steering right
- (08) Braking and steering left
- (09) Braking and steering right
- (10) Accelerating
- (11) Accelerating and steering left
- (12) Accelerating and steering right
- (97) No driver present
- (98) Other action (specify):

(99) Unknown

15. Accident Type

28

Applicable codes may be found on the back
of page two of this field form

- (00) No impact
- Code the number of the diagram that
best describes the accident circumstance
- (98) Other accident type (specify):

LOSS of CONTROL - RIGHT ANGLE

(99) Unknown

****SKIP TO VARIABLE GV37 IF GV07 DOES NOT EQUAL 01-49****

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (08) Other automobile type (specify):

(09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, and Brat)
- (11) Auto based panel (cargo station wagon, includes auto based ambulance/hearse)
- (12) Large limousine—more than four side doors or stretched chassis

Utility Vehicles

- (13) Short utility—not truck based (includes Jeep CJ-5, Jeep CJ-7, Renegade, Landrover, Pre-78 Bronco, Landcruiser, Thing)
- (14) Truck based utility (2-door; includes Blazer, Bronco—78 on, Bronco II, Jimmy, Ramcharger, Cherokee, Trailduster, Scout)

Van Based Light Trucks (· 10,000 lbs GVWR)

- (20) Minivan (Lumina APV, Astro, Caravan, Plymouth Vista, Aerostar, Safari, Voyager [84 and after], Dodge Vista, Mini Ram Van, Toyota Cargo Van, Toyota Van, Vanagon, VW Bus, Kombi)
- (21) Standard van (Sportvan, Chevy Van, Club Wagon, Ford Econoline, Ram Van, Chateau, Ram Wagon, Vandura, Rally, Voyager [83 and before], Beauville, Sportsman)
- (28) Other van type (Hi-Cube Van, Kary) (specify):

(29) Unknown van type

Light Conventional Trucks (Pickup Style Cab, 10,000 lbs GVWR)

- (30) Compact pickup (· 4,500 lbs. GVWR, S-10, LUV, Ram 50, Rampage, Courier, Ranger, S-15 Pup, Mazda Pickup, Mitsubishi Truck, Nissan Pickup, Arrow Pickup, Scamp, Toyota Pickup, VW Pickup)
- (31) Standard pickup (4,500 to 10,000 lbs. GVWR, C10 - C30, K10 - K30, T10, D100 - D350, W150 - W350, F100 - F350, Comanche, J10 - J30, Dakota)
- (32) Pickup with slide-in camper
- (33) Truck based station wagon (4-door; includes Suburban, Travelall, Wagoneer)
- (34) Light truck based suburban limousine
- (35) Convertible pickup
- (39) Unknown (pickup style) light conventional truck type

Other Light Trucks (· 10,000 lbs GVWR)

- (40) Cab chassis based (includes rescue vehicle, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (47) Other light conventional truck type (not a pickup - includes step vans ≤ 10,000 lbs GVWR, Grumman LLV vehicle) (specify):

-
- (48) Unknown other light truck type (not a pickup)
 - (49) Unknown light vehicle type (automobile, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify):

(59) Unknown bus type

Medium/Heavy Trucks (· 10,000 lbs GVWR)

- (60) Step van
- (61) Single unit straight truck (10,000 lbs GVWR 26,000 lbs)
- (62) Single unit straight truck (· 26,000 lbs GVWR)
- (63) Medium/heavy truck based motorhome
- (64) Truck-tractor with no cargo trailer
- (65) Truck-tractor pulling one trailer
- (66) Truck-tractor pulling two or more trailers
- (67) Truck-tractor (unknown if pulling trailer)
- (68) Unknown medium/heavy truck type
- (69) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

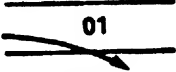

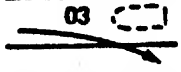
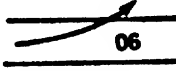
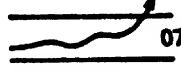
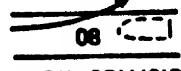
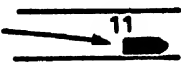


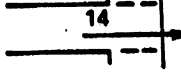
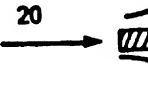
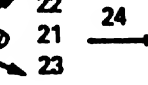

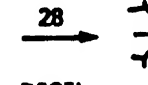
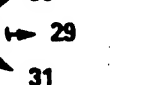

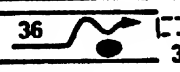


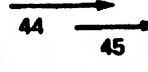
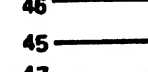
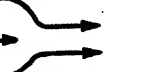


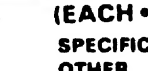










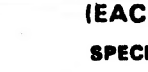
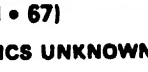

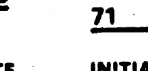


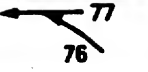
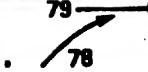

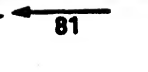









- (70) Motorcycle
- (71) Moped (motorized bicycle)
- (78) Other motored cycle type (minibike, motorscooter) (specify):

(79) Unknown motored cycle type

Other Vehicles

- (80) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (88) Other vehicle type (specify):

(99) Unknown body type

Category	Configuration	ACCIDENT TYPES (Includes Intent)				
I. Single Driver	A. Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN
	B. Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION LOSS	 08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN
	C. Forward Impact	 11 PARKED VEH.	 12 STA. OBJECT	 13 PEDESTRIAN/ ANIMAL	 14 END DEPARTURE	15 SPECIFICS OTHER 16 SPECIFICS UNKNOWN
II. Same Trafficway Same Direction	D. Rear-End	 20 STOPPED 21, 22, 23	 22 SLOWER 26, 28, 27	 24 DECEL. 29, 30, 31	 26 SPECIFICS OTHER	 28 SPECIFICS UNKNOWN
	E. Forward Impact	 34 CONTROL/ TRACTION LOSS	 36 CONTROL/ TRACTION LOSS	 38 AVOID COLLISION WITH VEH.	 40 AVOID COLLISION WITH OBJECT	(EACH • 32) (EACH • 33) SPECIFICS OTHER SPECIFICS UNKNOWN
	F. Sideswipe Angle	 44 SPECIFICS OTHER	 46 SPECIFICS UNKNOWN	 48 SPECIFICS OTHER	 50 SPECIFICS UNKNOWN	(EACH • 42) (EACH • 43) SPECIFICS OTHER SPECIFICS UNKNOWN
III. Same Trafficway Opposite Direction	G. Head-On	 50 LATERAL MOVE	 52 SPECIFICS OTHER	 53 SPECIFICS UNKNOWN	 55 SPECIFICS OTHER	 57 SPECIFICS UNKNOWN
	H. Forward Impact	 54 CONTROL/ TRACTION LOSS	 56 CONTROL/ TRACTION LOSS	 58 AVOID COLLISION WITH VEH.	 60 AVOID COLLISION WITH OBJECT	(EACH • 48) (EACH • 49) SPECIFICS OTHER SPECIFICS UNKNOWN
	I. Sideswipe Angle	 64 LATERAL MOVE	 66 SPECIFICS OTHER	 67 SPECIFICS UNKNOWN	 69 SPECIFICS OTHER	 71 SPECIFICS UNKNOWN
IV. Change Trafficway Vehicle Turning	J. Turn Across Path	 68 INITIAL OPPOSITE DIRECTIONS	 70 INITIAL SAME DIRECTIONS	 72 SPECIFICS OTHER	 74 SPECIFICS UNKNOWN	(EACH • 62) (EACH • 63) SPECIFICS OTHER SPECIFICS UNKNOWN
	K. Turn Into Path	 76 TURN INTO SAME DIRECTION	 78 TURN INTO OPPOSITE DIRECTIONS	 80 SPECIFICS OTHER	 82 SPECIFICS UNKNOWN	(EACH • 64) (EACH • 65) SPECIFICS OTHER SPECIFICS UNKNOWN
V. Intersecting Paths (Vehicle Damage)	L. Straight Paths	 86 SPECIFICS OTHER	 88 SPECIFICS UNKNOWN	 90 SPECIFICS OTHER	 92 SPECIFICS UNKNOWN	(EACH • 80) (EACH • 81) SPECIFICS OTHER SPECIFICS UNKNOWN
VI. Miscellaneous	M. Backing Etc.	 92 BACKING VEH.	 93 OTHER VEH. OR OBJECT	 98 Other Accident Type	 99 Unknown Accident Type	 00 No Impact

OCCUPANT RELATED

16. Driver Presence in Vehicle 1
(0) Driver not present
(1) Driver present
(9) Unknown
17. Number of Occupants This Vehicle 02
(00-96) Code actual number of occupants for this vehicle
(97) 97 or more
(99) Unknown
18. Number of Occupant Forms Submitted 02

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight 03,300
~~3269~~ Code weight to nearest 100 pounds.
(010) Less than 1050 pounds
(135) 13,500 lbs or more
(999) Unknown
Source: [REDACTED]
20. Vehicle Cargo Weight 9,900
Code weight to nearest 100 pounds.
(00) Less than 50 pounds
(97) 9,650 lbs or more
(99) Unknown

RECONSTRUCTION DATA

21. Towed Trailing Unit 0
(0) No towed unit
(1) Yes - towed trailing unit
(9) Unknown
22. Documentation of Trajectory Data for This Vehicle 1
(0) No
(1) Yes
23. Post Collision Condition of Tree or Pole (for Highest Delta V) 0
(0) Not collision (for highest delta V) with tree or pole
(1) Not damaged
(2) Cracked/sheared
(3) Tilted < 45 degrees
(4) Tilted ≥ 45 degrees
(5) Uprooted tree
(6) Separated pole from base
(7) Pole replaced
(8) Other (specify):
(9) Unknown

24. Rollover 0
(0) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
(1) Rollover, 1 quarter turn only
(2) Rollover, 2 quarter turns
(3) Rollover, 3 quarter turns
(4) Rollover, 4 or more quarter turns (specify):
(5) Rollover - end-over-end (i.e., primarily about the lateral axis)
(9) Rollover (overturn), details unknown

OVERRIDE/UNDERRIDE (THIS VEHICLE)

25. Front Override/Underride (this vehicle) 0
26. Rear Override/Underride (this vehicle) 0
(0) No override/underride, or not an end-to-end impact
Override (see specific CDC)
(1) 1st CDC
(2) 2nd CDC
(3) Other not automated CDC (specify):
Underride (see specific CDC)
(4) 1st CDC
(5) 2nd CDC
(6) Other not automated CDC (specify):
(7) Medium/heavy truck override
(9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

- Values: (000)-(359) Code actual value
(997) Noncollision
(998) Impact with object
(999) Unknown
27. Heading Angle for This Vehicle 090
28. Heading Angle for Other Vehicle 190

29. Basis for Total Delta V (Highest) 6

Delta V Calculated

- (1) CRASH program—damage only routine
- (2) CRASH program—damage and trajectory routine
- (3) Missing vehicle algorithm

Delta V Not Calculated

- (4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.
- (5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction techniques, regardless of adequacy of damage data.
- (6) All vehicles and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.

COMPUTER GENERATED DELTA V

30. Total Delta V

Secondary Highest

9 9

____ Nearest mph

(NOTE: 00 means less than
0.5 mph)
(97) 96.5 mph and above
(99) Unknown

31. Longitudinal Component of Delta V

+ 9 9

____ Nearest mph

(NOTE: 00 means greater than
-0.5 and less than +0.5 mph)
(± 97) ±96.5 mph and above
(— 99) Unknown

32. Lateral Component of Delta V

Secondary Highest

+ 9 9

____ Nearest mph

(NOTE: 00 means greater than
-0.5 and less than +0.5 mph)
(± 97) ±96.5 mph and above
(— 99) Unknown

33. Energy Absorption

9 9 9 0 0

____ Nearest 100 foot-lbs

(NOTE: 0000 means less than 50 Foot-Lbs)
(9997) 999,650 foot-lbs or more
(9999) Unknown

34. Confidence in Reconstruction Program Results (for Highest Delta V)

0

- (0) No reconstruction
- (1) Collision fits model—results appear reasonable
- (2) Collision fits model—results appear high
- (3) Collision fits model—results appear low
- (4) Borderline reconstruction—results appear reasonable

35. Type of Vehicle Inspection

1

- (0) No inspection
- (1) Complete inspection
- (2) Partial inspection (specify):

* 99. Percent Overlap

+ 9 9 9

Code the rounded product of:

Direct Width / Undef. End Width

— = Left Overlap + = Right Overlap

000 Not an end-to-end impact

999 Unknown

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), ***
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

* GV99 notes: The idea is to document overlap at initial contact. Therefore, divide the direct width of the vehicle with the most narrow direct width by the undeformed end width of the vehicle described on this form.

If this vehicle sustained direct contact across the entire plane at initial contact, then code 100.

37. Police Reported Other Drug Presence 7

- (0) No other drugs present
- (1) Yes (other drug present)
- (7) Not reported
- (8) No driver present
- (9) Unknown

38. Police Reported Observation/Perception Test Type For Driver 9

- (0) No observation/perception test given
- (1) Drug recognition technician (DRT) determination
- (2) Behavioral
- (3) Other physical observation/perception determination (specify):

- (7) Other observation/perception test
- (8) No driver present

- (9) Unknown if observation/perception test given

39. Other Drug Specimen Test Type For Driver 9

- (0) No specimen test given

- (1) Blood test

- (2) Urine test

- (3) Other specimen tests (specify):

- (7) Unspecified specimen test

- (8) No driver present

- (9) Unknown if specimen test given

OTHER DRUGS TEST RESULTS FOR DRIVER

	Observation/ Perception Test Results	Specimen Test Results
Narcotic Drug	40. <u>9</u>	41. <u>9</u>
Depressant Drug	42. <u>9</u>	43. <u>9</u>
Stimulant Drug	44. <u>9</u>	45. <u>9</u>
Hallucinogen Drug	46. <u>9</u>	47. <u>9</u>
Cannabinoid Drug	48. <u>9</u>	49. <u>9</u>
Phencyclidine (PCP)	50. <u>9</u>	51. <u>9</u>
Inhalant Drug	52. <u>9</u>	53. <u>9</u>
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. <u>9</u>	55. <u>9</u>

Codes For Observation/Perception Test Results

- (0) No observation/perception test given
- (1) Passed observation/perception test
- (2) Failed observation/perception test
- (3) Observation/perception test given - results unknown
- (8) No driver present
- (9) Unknown if observation perception test given

Codes for Specimen Test Results

- (0) No specimen test given
- (1) Drug not found in specimen
- (2) Drug found in specimen
- (8) No driver present
- (9) Unknown if specimen test given

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35=0), ***
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.



**NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM**

HS Form 435A (Rev. 1/91)

VEHICLE DAMAGE SKETCH

TIRE – WHEEL DAMAGE

a. Rotation physically restricted b. Tire deflated

RF 1RF 2LF 1LF 2RR 2RR 2LR 2LR 2

(1) Yes (2) No (8) NA (9) Unk.

TYPE OF TRANSMISSION

☐ Manual ☒ Automatic

ORIGINAL SPECIFICATIONS

Wheelbase 110.8Overall Length 196.5Maximum Width 72.4Curb Weight 3269Average Track 60Front Overhang 44Rear Overhang 41.7Engine Size: cyl./ displ. V6 / 3.8

Undeformed End Width _____

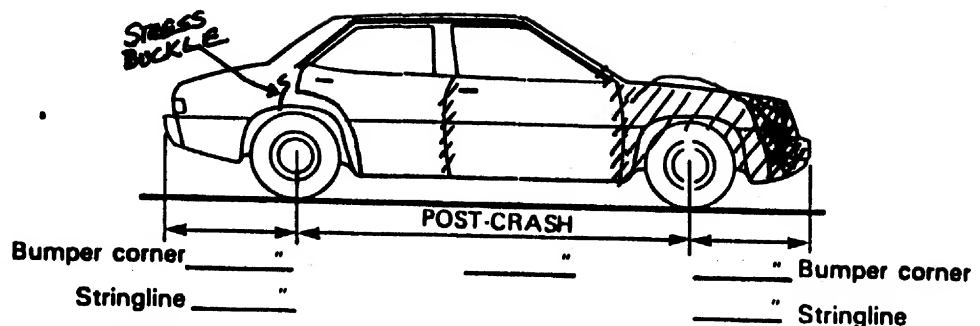
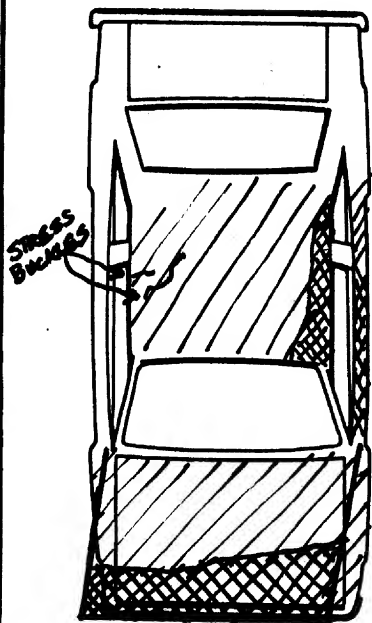
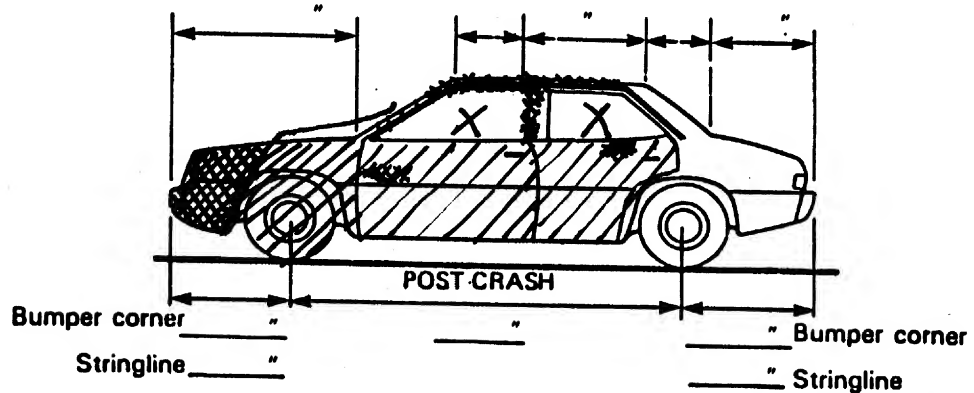
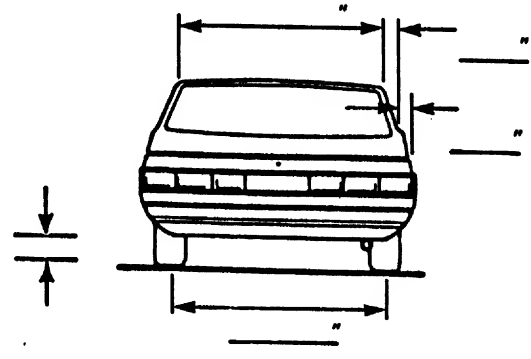
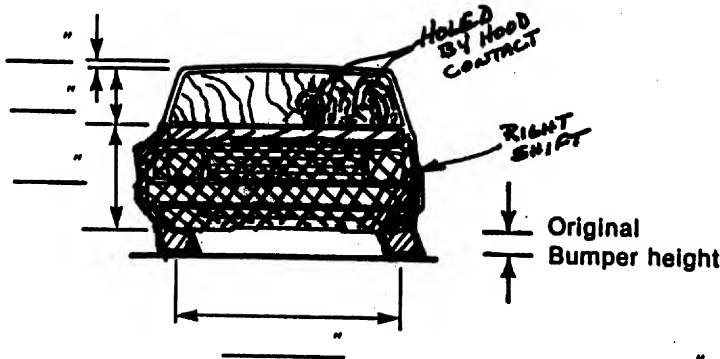
WHEEL STEER ANGLES

(For locked front wheels or displaced rear axles only)

RF 10°LF 5°RR ±°LR ±°

Within ±5 degrees

DRIVE WHEELS

☒ FWD ☐ RWD ☐ 4WDApproximate Cargo Weight UNKNOWN

NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewall, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page. Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

CODES FOR OBJECT CONTACTED

01-30 – Vehicle Number

Noncollision

- (31) Overturn—rollover
(32) Fire or explosion
(33) Jackknife
(34) Other intraunit damage (specify):

- (35) Noncollision injury**

- (38) Other noncollision (specify):**

- (39) Noncollision—details unknown**

Collision with Fixed Object

- (41) Tree (≤ 4 inches in diameter)
(42) Tree (> 4 inches in diameter)
(43) Shrubbery or bush
(44) Embankment

- (45) Breakaway pole or post (any diameter)**

Nonbreakaway Pole or Post

- (50) Pole or post (≤ 4 inches in diameter)
(51) Pole or post (>4 but ≤ 12 inches in diameter)
(52) Pole or post (> 12 inches in diameter)
(53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier**

- (55) Impact attenuator**

- (56) Other traffic barrier (specify):

- (57) Fence**

- (58) Wall

- (59) Building**

- (60) Ditch or Culvert**

- (61) Ground**

- (62) Fire hydrant**

- (63) Curb**

- (64) Bridge**

- (68) Other fixed object (specify):

- (69) Unknown fixed object**

Collision With Nonfixed Object

- (71) Motor vehicle not in transport**

- (72) Pedestrian**

- (73) Cyclist or cycle**

- (74) Other nonmotorist or conveyance (specify):

- (75) Vehicle occupant**

- (76) Animal**

- (77) Train**

- (78) Trailer, disconnected in transport

- (88) Other nonfixed object (specify):

- (89) Unknown nonfixed object**

- (98) Other event (specify):**

- (99) Unknown event or object**

DEFORMATION CLASSIFICATION BY EVENT NUMBER

[illegible]

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>Φ 1</u>	5. <u>Φ 2</u>	6. <u>1 2</u>	7. <u>F</u>	8. <u>D</u>	9. <u>E</u>	10. <u>W</u>	11. <u>Φ 2</u>

Second Highest Delta "V"

12. <u>Φ 2</u>	13. <u>Φ 2</u>	14. <u>1 2</u>	15. <u>I</u>	16. <u>D</u>	17. <u>Y</u>	18. <u>W</u>	19. <u>Φ 2</u>
----------------	----------------	----------------	--------------	--------------	--------------	--------------	----------------

CRUSH PROFILE

(The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. ALL MEASUREMENTS ARE IN INCHES.)

HIGHEST DELTA "V"

20. <u>L</u>	21. <u>C1</u>	<u>C2</u>	<u>C3</u>	<u>C4</u>	<u>C5</u>	<u>C6</u>	22. + - D
<u>NOT MEASURED - CDC ONLY - FROM PHOTOGRAPHS</u>							+ - ---

Second Highest Delta "V"

23. <u>L</u>	24. <u>C1</u>	<u>C2</u>	<u>C3</u>	<u>C4</u>	<u>C5</u>	<u>C6</u>	25. + - D
---							+ - ---

26. Are CDCs Documented
but Not Coded on The
Automated File? Φ

- (0) No
(1) Yes

27. Researcher's Assessment
of Vehicle Disposition 1

- (0) Not towed due to
vehicle damage
(1) Towed due to
vehicle damage
(9) Unknown

28. Original Wheelbase 1108

Code to the
nearest
tenth of an inch
(9999) Unknown

29. Is This A Multi-Stage Manufactured Vehicle
And/Or A Certified Altered Vehicle?

φ

- (0) No post manufacturer modifications
- (1) Yes - post manufacturer modifications
(specify): _____

(Include photograph of CERTIFICATION
PLACARD in case report)

- (9) Unknown if vehicle is modified

30. Fire Occurrence

φ

- (0) No fire

Yes, fire occurred

- (1) Minor
- (2) Major
- (9) Unknown

31. Origin of Fire

φ

- (0) No fire
- (1) Vehicle exterior (front, side, back, top)
- (2) Exhaust system
- (3) Fuel tank (and other fuel retention
system parts)
- (4) Engine compartment
- (5) Cargo/trunk compartment
- (6) Instrument panel
- (7) Passenger compartment area
- (8) Other location (specify): _____

- (9) Unknown

32. Type of Fuel Tank

+

- (0) No fuel tank (electrical vehicle)
- (1) Metallic
- (2) Non-metallic
- (9) Unknown

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED ***
(I.E., GV09 = 0 OR 9), DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



U.S. Department of Transportation
National Highway Traffic Safety
Administration

INTERIOR VEHICLE FORM

BEST AVAILABLE

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Case Number

DSI-90-AB-05

Vehicle Number

01

INTEGRITY

4. Passenger Compartment Integrity

06

- (00) No integrity loss
Yes, Integrity Was Lost Through
(01) Windshield
(02) Door (side)
(03) Door/hatch (rear)
(04) Roof
(05) Roof glass
(06) Side window
(07) Rear window
(08) Roof and roof glass
(09) Windshield and door (side)
(10) Windshield and roof
(11) Side and rear window
(12) Windshield and side window
(13) Door and side window
(98) Other combination of above (specify):

(99) Unknown

Door, Tailgate Or Hatch Opening

5. LF 2 6. RF 1 7. LR 1 8. RR 1 9. TG/H 0

- (0) No door/gate/hatch
(1) Door/gate/hatch remained closed and operational
(2) Door/gate/hatch came open during collision
(3) Door/gate/hatch jammed shut
(8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 = 2, Then Code 0.

10. LF 5 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

- (0) No door/gate/hatch or door not opened

- Door, Tailgate, or Hatch Came Open During Collision
(1) Door operational (no damage)
(2) Latch/striker failure due to damage
(3) Hinge failure due to damage
(4) Door structure failure due to damage
(5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage
(6) Latch/striker and hinge failure due to damage
(8) Other failure (specify):

(9) Unknown

GLAZING

Glazing Damage from Impact Forces

15. WS 3 16. LF 6 17. RF 0 18. LR 6 19. RR 0
20. BL 0 21. Roof 0 22. Other 0

- (0) No glazing damage from impact forces
(2) Glazing in place and cracked from impact forces
(3) Glazing in place and holed from impact forces
(4) Glazing out-of-place (cracked or not) and not holed from impact forces
(5) Glazing out-of-place and holed from impact forces
(6) Glazing disintegrated from impact forces
(7) Glazing removed prior to accident
(8) No glazing
(9) Unknown if damaged

Glazing Damage from Occupant Contact

23. WS 2 24. LF 2 25. RF 0 26. LR 0 27. RR 0
28. BL 0 29. Roof 0 30. Other 0

- (0) No occupant contact to glazing or no glazing
(1) Glazing contacted by occupant but no glazing damage
(2) Glazing in place and cracked by occupant contact
(3) Glazing in place and holed by occupant contact
(4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact
(5) Glazing out-of-place by occupant contact and holed by occupant contact
(6) Glazing disintegrated by occupant contact
(9) Unknown if contacted by occupant

If No Glazing Damage And No Occupant Contact or No Glazing, Then Code IV 31 Through IV 46 As 0

Type of Window/Windshield Glazing

31. WS 1 32. LF 2 33. RF 0 34. LR 2 35. RR 0
36. BL 0 37. Roof 0 38. Other 0

- (0) No glazing contact and no damage, or no glazing
(1) AS-1 - Laminated
(2) AS-2 - Tempered
(3) AS-3 - Tempered-tinted
(4) AS-14 - Glass/Plastic
(8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

39. WS 1 40. LF 2 41. RF 0 42. LR 2 43. RR 0
44. BL 0 45. Roof 0 46. Other 0

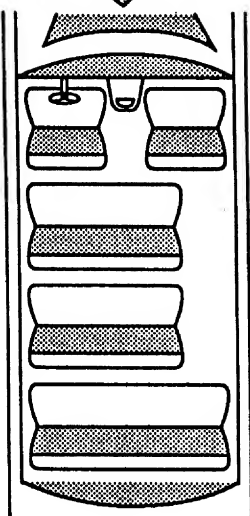
- (0) No glazing contact and no damage, or no glazing
(1) Fixed
(2) Closed
(3) Partially opened
(4) Fully opened
(9) Unknown

INTRUSION WORK SHEET

TOP
VIEW

Longitudinal

Lateral

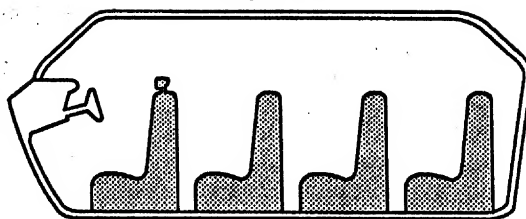


Longitudinal

LEFT SIDE
VIEW

Vertical

Longitudinal

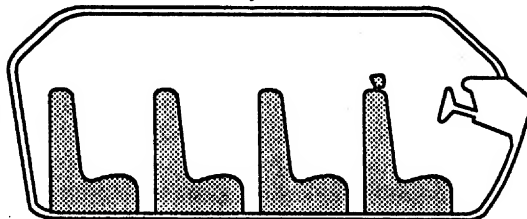


Longitudinal

RIGHT SIDE
VIEW

Vertical

Longitudinal



Longitudinal

Vertical

Note: Sketch intruded areas

LOCATION OF INTRUSION	INTRUDED COMPONENT	COMPARISON VALUE	-	INTRUDED VALUE	=	INTRUSION	DOMINANT CRUSH DIRECTION
	NOT MEASURED		-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		

Document no more than the 15 most severe intrusions

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV 47-IV 86 blank.

Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st 47. _____	48. _____	49. _____	50. _____
2nd 51. _____	52. _____	53. _____	54. _____
3rd 55. _____	56. _____	57. _____	58. _____
4th 59. _____	60. _____	61. _____	62. _____
5th 63. _____	64. _____	65. _____	66. _____
6th 67. _____	68. _____	69. _____	70. _____
7th 71. _____	72. _____	73. _____	74. _____
8th 75. _____	76. _____	77. _____	78. _____
9th 79. _____	80. _____	81. _____	82. _____
10th 83. _____	84. _____	85. _____	86. _____

LOCATION OF INTRUSION

Front Seat

- (11) Left
- (12) Middle
- (13) Right

Second Seat

- (21) Left
- (22) Middle
- (23) Right

Third Seat

- (31) Left
- (32) Middle
- (33) Right

Fourth Seat

- (41) Left
- (42) Middle
- (43) Right

- (97) Catastrophic
- (98) Other enclosed area (specify): _____

- (99) Unknown

INTRUDING COMPONENT

Interior Components

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Door panel (side)
- (12) Roof (or convertible top)
- (13) Roof side rail
- (14) Windshield
- (15) Windshield header
- (16) Window frame
- (17) Floor pan (Includes sill)
- (18) Backlight header
- (19) Front seat back
- (20) Second seat back
- (21) Third seat back
- (22) Fourth seat back
- (23) Fifth seat back
- (24) Seat cushion
- (25) Back door/panel (e.g., tailgate)
- (26) Other interior component (specify): _____

- (27) Side panel - forward of the A-pillar
- (28) Side panel - rear of the A-pillar

Exterior Components

- (30) Hood
- (31) Outside surface of vehicle (specify): _____

- (32) Other exterior object in the environment (specify): _____

- (33) Unknown exterior object

- (97) Catastrophic
- (98) Intrusion of unlisted component(s)

- (specify): _____

- (99) Unknown

MAGNITUDE OF INTRUSION

- (1) ≥ 1 inch but < 3 inches
- (2) ≥ 3 inches but < 6 inches
- (3) ≥ 6 inches but < 12 inches
- (4) ≥ 12 inches but < 18 inches
- (5) ≥ 18 inches but < 24 inches
- (6) ≥ 24 inches
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

STEERING RIM/SPOKE DEFORMATION**COMPARISON VALUE**

-

DAMAGE VALUE

=

DEFORMATION

-

=

-

=

-

=

-

=

STEERING COLUMN

87. Steering Column Type

2

- (1) Fixed column
- (2) Tilt column
- (3) Telescoping column
- (4) Tilt and telescoping column
- (8) Other column type (specify): _____

(9) Unknown

88. Blank

(This variable is left blank so that numbering consistency can be maintained with the 1988-90 CDS.)

X X

89. Blank

(This variable is left blank so that numbering consistency can be maintained with the 1988-90 CDS.)

X X X

90. Blank

(This variable is left blank so that numbering consistency can be maintained with the 1988-90 CDS.)

X X X

91. Blank

(This variable is left blank so that numbering consistency can be maintained with the 1988-90 CDS.)

X X X

92. Steering Rim/Spoke Deformation

8

Code actual measured deformation to the nearest inch.

- (0) No steering rim deformation
- (1-5) Actual measured value
- (6) 6 inches or more
- (8) Observed deformation cannot be measured
- (9) Unknown

93. Location of Steering Rim/Spoke Deformation

06

(00) No steering rim deformation

Quarter Sections

- (01) Section A
- (02) Section B
- (03) Section C
- (04) Section D



Half Sections

- (05) Upper half of rim/spoke
- (06) Lower half of rim/spoke
- (07) Left half of rim/spoke
- (08) Right half of rim/spoke



- (09) Complete steering wheel collapse
- (10) Undetermined location
- (99) Unknown

INSTRUMENT PANEL

94. Odometer Reading

019,000

19029.2 miles—Code mileage to the nearest 1,000 miles

- (000) No odometer
- (001) Less than 1,500 miles
- (300) 299,500 miles or more
- (999) Unk

Source: _____

95. Instrument Panel Damage from Occupant Contact?

1

- (0) No
- (1) Yes
- (9) Unknown

96. Knee Bolsters Deformed from Occupant Contact?

8

- (0) No
- (1) Yes
- (8) Not present
- (9) Unknown

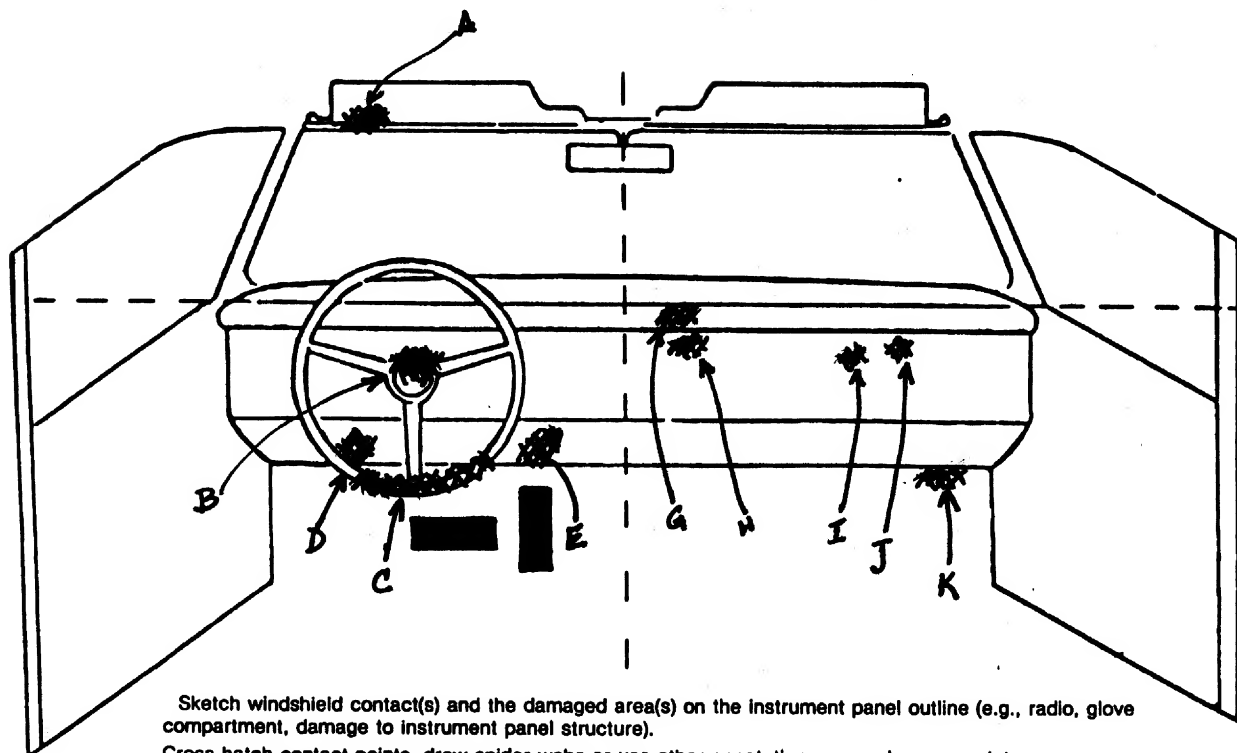
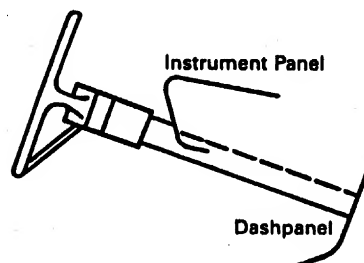
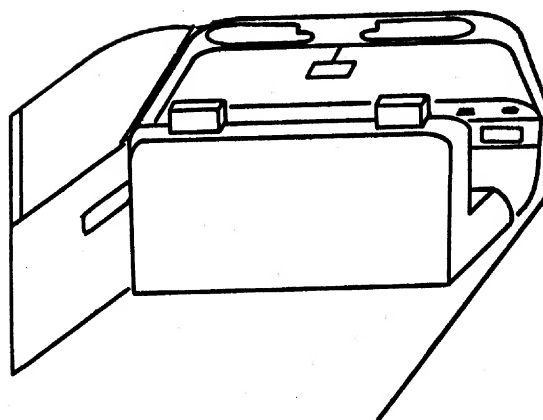
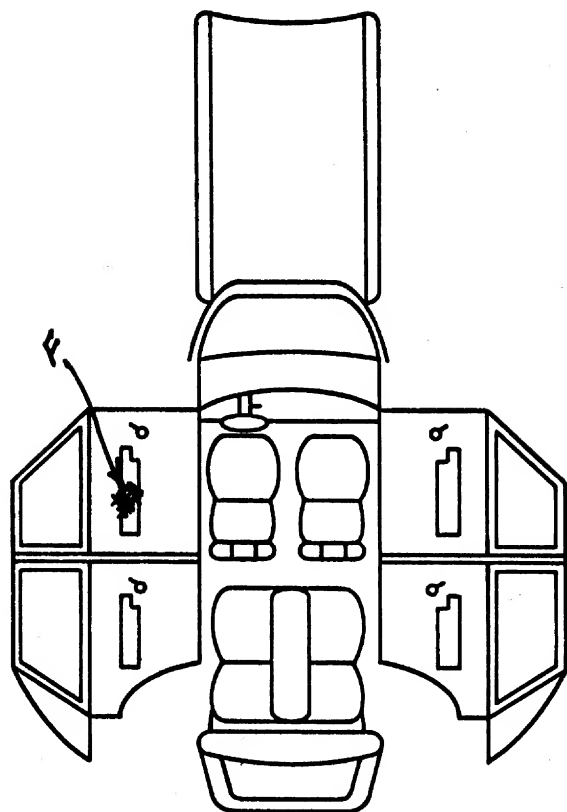
97. Did Glove Compartment Door Open During Collision(s)?

2

- (0) No
- (1) Yes
- (8) Not present
- (9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	03	01	HEAD	DEFORMATION AND SCUFF & HAIR	1
B	05	01	TORSO	DEFORMATION / FABRIC TRANSFER	1
C	04	01	TORSO	DEFORMATION	1
D	09	01	LEFT KNEE	DEFORMATION	2
E	09	01	RIGHT KNEE	DEFORMATION	2
F	21	01	LEFT SIDE	SCUFF AND FABRIC TRANSFER	3
G	10	02	HEAD	ABRADED	2
H	10	02	HEAD	ABRADED	2
I	12	02	LEFT ARM	ABRADED AND DEFORMATION	2
J	11	02	LEFT ARM	ABRADED AND DEFORMATION	2
K	11	02	RIGHT FOOT	SCUFF AND ABRADED	2
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A-pillar, instrument panel, or mirror (passenger side only)
- (16) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A pillar
- (23) Left B pillar
- (24) Other left pillar (specify): _____
- (25) Left side window glass or frame

- (26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail
- (27) Other left side object (specify): _____

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A pillar
- (33) Right B pillar
- (34) Other right pillar (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail
- (37) Other right side object (specify): _____

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag
- (46) Other occupants (specify): _____
- (47) Interior loose objects

- (48) Child safety seat (specify): _____

- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor including toe pan
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
- (2) Probable
- (3) Possible
- (4) Unknown

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number						
1. Type of Child Safety Seat						
2. Child Safety Seat Orientation						
3. Child Safety Seat Harness Usage						
4. Child Safety Seat Shield Usage						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify):

- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

2. Child Safety Seat Orientation

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight
- (01) Rear facing
- (02) Forward facing
- (03) Other orientation (specify):

- (04) Unknown orientation
- Designed for Forward Facing for This Age/Weight
- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify):

- (19) Unknown orientation

Unknown Design or Orientation for This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify):

- (29) Unknown orientation

- (99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage

Note: Options Below Are Used for Variables 3-5.

(00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed with Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown if Designed with Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

6. Child Safety Seat Make/Model

(Specify make/model and occupant number)

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Left	Right
F I R S T	Availability/Function	Ø	Ø
	Deployment	Ø	Ø
	Failure	Ø	Ø

Air Bag System Availability/Function

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify): _____

- (3) Air bag not reinstalled

- (9) Unknown

Did Air Bag System Fail?

- (0) Not equipped/not available

- (1) No

- (2) Yes (specify): _____

- (9) Unknown

Air Bag System Deployment

- (0) Not equipped/not available

- (1) Air bag deployed during accident

- (2) Air bag deployed inadvertently just prior to accident

- (3) Air bag deployed, accident sequence undetermined

- (4) Nondeployed

- (5) Unknown if deployed

- (9) Unknown

AUTOMATIC BELTS

		Left	Right
F I R S T	Availability/Function	2	2
	Use	2	1
	Type	1	1
	Proper Use	Ø	1
	Failure Modes	Ø	1

Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available

- (1) 2 point automatic belts

- (2) 3 point automatic belts

- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative

- (9) Unknown

Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative

- (1) Automatic belt in use

- (2) Automatic belt not in use (manually disconnected, motorized track inoperative)

- (3) Automatic belt use unknown

- (9) Unknown

Automatic (Passive) Belt System Type

- (0) Not equipped/not available

- (1) Non-motorized system

- (2) Motorized system

- (9) Unknown

Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used

- (1) Automatic belt used properly

- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm

- (4) Automatic shoulder belt worn behind back

- (5) Automatic belt worn around more than one person

- (6) Lap portion of automatic belt worn on abdomen

- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____

- (8) Other improper use of automatic belt system (specify): _____

- (9) Unknown

Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use

- (1) No automatic belt failure(s)

- (2) Torn webbing (stretched webbing not included)

- (3) Broken buckle or latchplate

- (4) Upper anchorage separated

- (5) Other anchorage separated (specify): _____

- (6) Broken retractor

- (7) Combination of above (specify): _____

- (8) Other automatic belt failure (specify): _____

- (9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attributes for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
FIRST	Availability	ϕ	3	ϕ
	Use	$\phi\phi$	$\phi\phi$	$\phi\phi$
	Failure Modes	ϕ	ϕ	ϕ
SECOND	Availability	4	3	4
	Use	$\phi\phi$	$\phi\phi$	$\phi\phi$
	Failure Modes	ϕ	ϕ	ϕ
THIRD	Availability			
	Use			
	Failure Modes			
OTHER	Availability			
	Use			
	Failure Modes			

Manual (Active) Belt System Availability

- (0) Not available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available – type unknown
- (8) Other belt (specify):

(9) Unknown

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used – type unknown

(08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat – type unknown
- (18) Other belt used with child safety seat (specify):

(99) Unknown if belt used

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

National Accident Sampling System—Crashworthiness Data System: Interior Vehicle Form

Page 7

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attributes for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
F I R S T	Head Restraint Type/Damage	3	φ	3
	Seat Type	φ 6	φ φ	φ 6
	Seat Performance	1	1	1
S E C O N D	Head Restraint Type/Damage	φ	φ	φ
	Seat Type	φ 3	φ 3	φ 3
	Seat Performance	1	1	1
T H I R D	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
O T H E R	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			

Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other (specify): _____
- (9) Unknown

Seat Type (This Occupant Position)

- (00) No seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., van type)
- (09) Other seat type (specify): _____
- (99) Unknown

Seat Performance (This Occupant Position)

- (0) No seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks failed
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____

- (7) Combination of above (specify): _____
- (8) Other (specify): _____

- (9) Unknown

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E. UNUSUAL OCCUPANT CONTACT PATTERN)

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indications that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No ☒ Yes ☐

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection

- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

Ejection Area

- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear

(7) Roof

- (8) Other area (e.g., back of pickup, etc.) (specify):

(9) Unknown**Ejection Medium**

- (1) Door hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

(5) Integral structure

- (8) Other medium (specify):

(9) Unknown**Medium Status (Immediately Prior to Impact)**

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

ENTRAPMENT No ☒ Yes ☐

Describe entrapment mechanism: *

Component(s):

(Note in vehicle interior diagram)



OCCUPANT ASSESSMENT FORM

Case Number

DSI-90-AB-05

Vehicle Number

01

Occupant Number

01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

(1) Male

(2) Female

(9) Unknown

7. Occupant's Height

Code actual height to the nearest inch.

(99) Unknown

8. Occupant's Weight

Code actual weight to the nearest pound.

(999) Unknown

9. Occupant's Role

(1) Driver

(2) Passenger

(9) Unknown

10. Occupant's Seat Position

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

(0) Normal posture

(1) Abnormal posture (specify):

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection

(0) No ejection

(1) Complete ejection

(2) Partial ejection

(3) Ejection, unknown degree

(9) Unknown

13. Ejection Area

(0) No ejection

(1) Windshield

(2) Left front

(3) Right front

(4) Left rear

(5) Right rear

(6) Rear

(7) Roof

(8) Other area (e.g., back of pickup, etc.)

(specify):

(9) Unknown

14. Ejection Medium

(0) No ejection

(1) Door/hatch/tailgate

(2) Nonfixed roof structure

(3) Fixed glazing

(4) Nonfixed glazing (specify):

(5) Integral structure

(8) Other medium (specify):

(9) Unknown

15. Medium Status (Immediately Prior to Impact)

(0) No ejection

(1) Open

(2) Closed

(3) Integral structure

(9) Unknown

16. Entrapment

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

(0) Not entrapped

(1) Entrapped

(9) Unknown

RESTRAINT SYSTEM AND SEAT EVALUATION**17. Manual (Active) Belt System Availability** ϕ

- (0) Not available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown
- (8) Other belt (specify): _____

(9) Unknown

18. Manual (Active) Belt System Use $\phi \phi$

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify): _____

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat - type unknown
- (18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used

19. Proper Use of Manual (Active) Belts ϕ

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

- (8) Other improper use of manual belt system (specify): _____

(9) Unknown

20. Manual (Active) Belt Failure Modes During Accident ϕ

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

- (6) Broken retractor
- (7) Combination of above (specify): _____

- (8) Other manual belt failure (specify): _____

(9) Unknown

21. Air Bag System Availability/Function ϕ

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify): _____

- (3) Air bag not reinstalled

- (9) Unknown

22. Air Bag System Deployment ϕ

- (0) Not equipped/not available
- (1) Air bag deployed during accident
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (9) Unknown

23. Did Air Bag System Fail? ϕ

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____

- (9) Unknown

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use 2

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): _____

- (8) Restrained, type unknown
- (9) Police indicated "unknown"

25. Head Restraint Type/Damage by Occupant at This Occupant Position 3

- (0) No head restraints
- (1) Integral - no damage
- (2) Integral - damaged during accident
- (3) Adjustable - no damage
- (4) Adjustable - damaged during accident
- (5) Add-on - no damage
- (6) Add-on - damaged during accident
- (8) Other (specify): _____

- (9) Unknown

26. Seat Type (This Occupant Position) ~~φ~~ ~~φ~~ ~~φ~~

- (00) Occupant not seated or no seat
(01) Bucket
(02) Bucket with folding back
(03) Bench
(04) Bench with separate back cushions
(05) Bench with folding back(s)
(06) Split bench with separate back cushions
(07) Split bench with folding back(s)
(08) Pedestal (i.e., van type)
(09) Other seat type (specify):

(99) Unknown

27. Seat Performance (This Occupant Position) ~~φ~~ ~~φ~~ ~~φ~~ 1

- (0) Occupant not seated or no seat
(1) No seat performance failure(s)
(2) Seat adjusters failed
(3) Seat back folding locks failed
(4) Seat track/anchors failed
(5) Deformed by impact of occupant
(6) Deformed by passenger compartment intrusion (specify):

(7) Combination of above (specify):

(8) Other (specify):

(9) Unknown

CHILD SAFETY SEAT**28. Child Safety Seat Make/Model** ~~φ~~ ~~φ~~ ~~φ~~

- (000) No child safety seat
Applicable codes are found in your NASS CDS
Data Collection, Coding, and Editing Manual
(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat ~~φ~~ ~~φ~~ ~~φ~~ φ

- (0) No child safety seat
(1) Infant seat
(2) Toddler seat
(3) Convertible seat
(4) Booster seat
(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation ~~φ~~ ~~φ~~ ~~φ~~

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

- (01) Rear facing
(02) Forward facing
(08) Other orientation (specify):

(09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
(12) Forward facing
(18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation for This
Age/Weight, or Unknown Age/Weight

- (21) Rear facing
(22) Forward facing
(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage ~~φ~~ ~~φ~~ ~~φ~~**32. Child Safety Seat Shield Usage** ~~φ~~ ~~φ~~ ~~φ~~**33. Child Safety Seat Tether Usage** ~~φ~~ ~~φ~~ ~~φ~~

Note: Options below applicable to
Variables OA31-OA33.

(00) No child safety seat

Not Designed with
Harness/Shield/Tether

- (01) After market harness/shield/tether added, not
used
(02) After market harness/shield/tether used
(03) Child safety seat used, but no after market
harness/shield/tether added
(09) Unknown if harness/shield/tether
added or used

Designed with Harness/Shield/Tether

- (11) Harness/shield/tether not used
(12) Harness/shield/tether used
(19) Unknown if harness/shield/tether used

Unknown If Designed with Harness/Shield/Tether

- (21) Harness/shield/tether not used
(22) Harness/shield/tether used
(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

National Accident Sampling System—Crashworthiness Data System: Occupant Assessment Form

Page 4

INJURY CONSEQUENCES**34. Injury Severity (Police Rating)**3

- (0) O—No injury
- (1) C—Possible injury
- (2) B—Nonincapacitating injury
- (3) A—Incapacitating injury
- (4) K—Killed
- (5) U—Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment—Mortality3

- (0) No treatment
- (1) Fatal
- (2) Fatal—ruled disease
- Nonfatal
- (3) Hospitalized
- (4) Transported and released
- (5) Treatment at scene—nontransported
- (6) Treatment later
- (8) Treatment—other (specify):

(9) Unknown

36. Type of Medical Facility (for Initial Treatment)1

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

37. Hospital stay2 2

- Code number of days (up through 60) that the occupant stayed in the hospital
- (00) Not hospitalized
 - (61) 61 days or more
 - (99) Unknown

98. Glasgow Coma Score (upon admission)9 9

(99) Unknown

38. Working Days Lost2 9

- Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
 - (61) 61 days or more
 - (62) Fatally injured
 - (97) Not working prior to accident
 - (99) Unknown

39. Time to Death0 0

- Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
 - (96) Fatal—ruled disease
 - (99) Unknown

40. 1st Medically Reported Cause of Death0 0**41. 2nd Medically Reported Cause of Death**0 0**42. 3rd Medically Reported Cause of Death**0 0

- Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
 - (97) Other result (specify):

(99) Unknown

43. Number of Recorded Injuries for This Occupant2 7

- Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
 - (97) Injured, details unknown
 - (99) Unknown if injured

99. Case Occupant0

- (0) Not the Case occupant
- (1) This is the Case occupant
- (2) This is the Case occupant in another case

UPDATE CANDIDATE

NO [☒] YES []

*** STOP HERE ***

IF THERE ARE NO RECORDED INJURIES

(I.E., OA43=00, 97, 99)

National Accident Sampling System-Crashworthiness Data System: Occupant Assessment Form

Page 5

44. Automatic (Passive) Belt System Availability/
Function3

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use

2

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):

- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type

1

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive)
Belt Systemφ

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of automatic belt system (specify):

- (9) Unknown

48. Automatic (Passive) Belt Failure Modes
During Accidentφ

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):

- (8) Other automatic belt failure (specify):

- (9) Unknown

UPDATE CANDIDATE? NO [X] YES []

OCCUPANT INJURY FORM INCLUDED WITH INITIAL SUBMISSION? NO [] YES [X]

*** STOP HERE ***
 IF THERE ARE NO RECORDED INJURIES
 (I.E., OA43 = 00,97,99)



U.S. Department of Transportation
National Highway Traffic Safety
Administration

BEST AVAILABLE

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

OCCUPANT INJURY FORM

Case Number— DSI-90-AB-05 Vehicle Number 01
Occupant Number 01

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

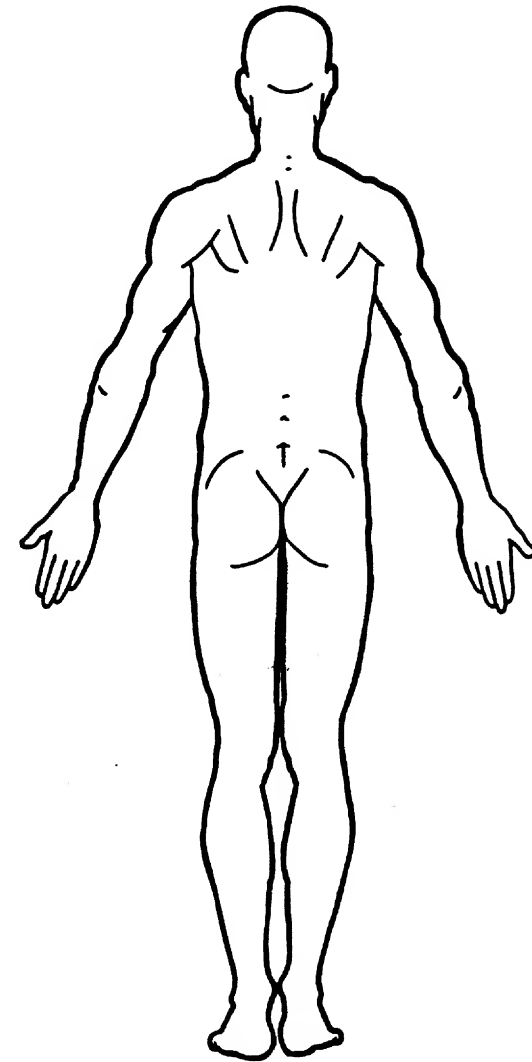
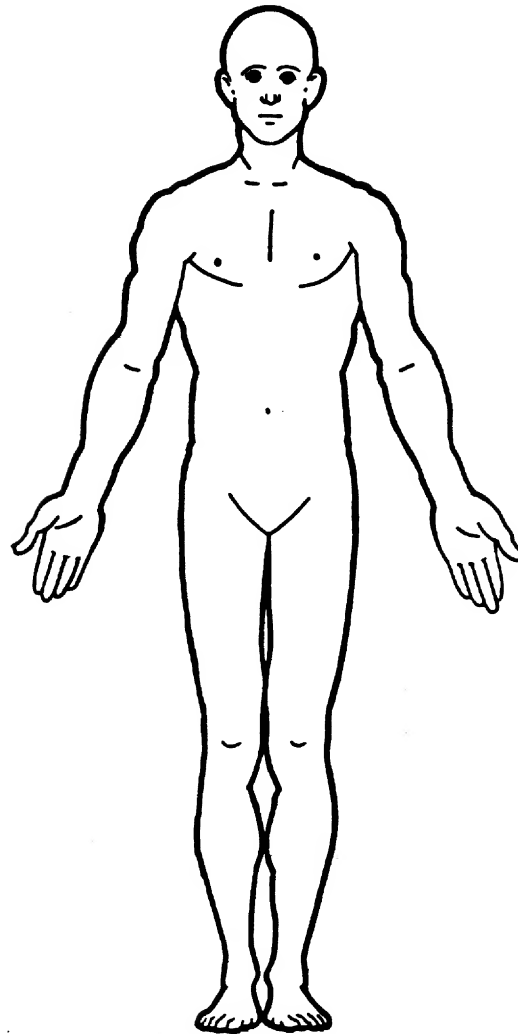
	Source of Injury Data	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
1st	5.2	6.11	7.11	8.11	9.11	10.1	11.27	12.2	13.1	14.29
2nd	15. ___	16. ___	17. ___	18. ___	19. ___	20. ___	21. ___	22. ___	23. ___	24. ___
3rd	25. ___	26. ___	27. ___	28. ___	29. ___	30. ___	31. ___	32. ___	33. ___	34. ___
4th	35. ___	36. ___	37. ___	38. ___	39. ___	40. ___	41. ___	42. ___	43. ___	44. ___
5th	45. ___	46. ___	47. ___	48. ___	49. ___	50. ___	51. ___	52. ___	53. ___	54. ___
6th	55. ___	56. ___	57. ___	58. ___	59. ___	60. ___	61. ___	62. ___	63. ___	64. ___
7th	65. ___	66. ___	67. ___	68. ___	69. ___	70. ___	71. ___	72. ___	73. ___	74. ___
8th	75. ___	76. ___	77. ___	78. ___	79. ___	80. ___	81. ___	82. ___	83. ___	84. ___
9th	85. ___	86. ___	87. ___	88. ___	89. ___	90. ___	91. ___	92. ___	93. ___	94. ___
10th	95. ___	96. ___	97. ___	98. ___	99. ___	100. ___	101. ___	102. ___	103. ___	104. ___

HS Form 433B

This report is authorized by P.L. 99-563, Title 1, Section 106, 108, and 112. While you are not required to respond, your cooperation is needed to make the results of this data collection effort comprehensive, accurate, and timely.

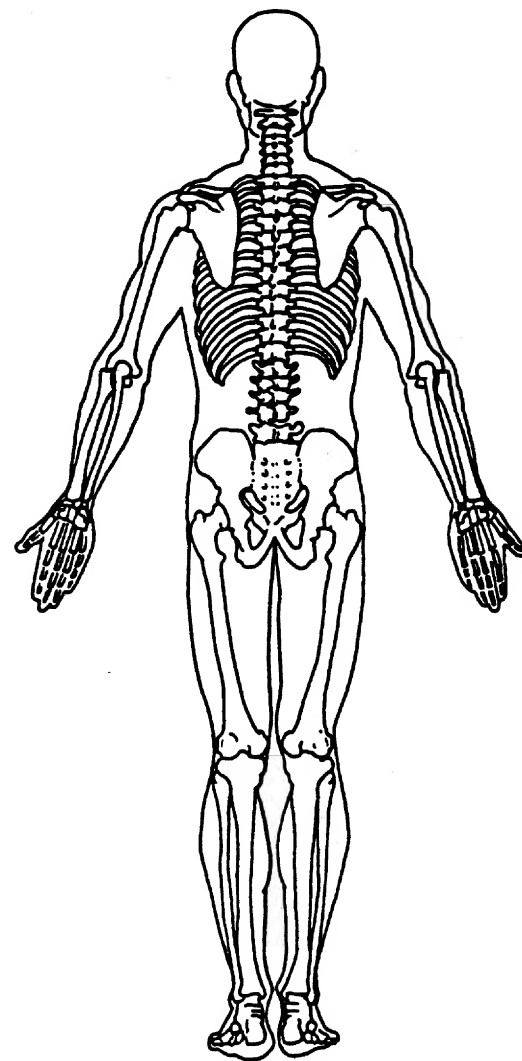
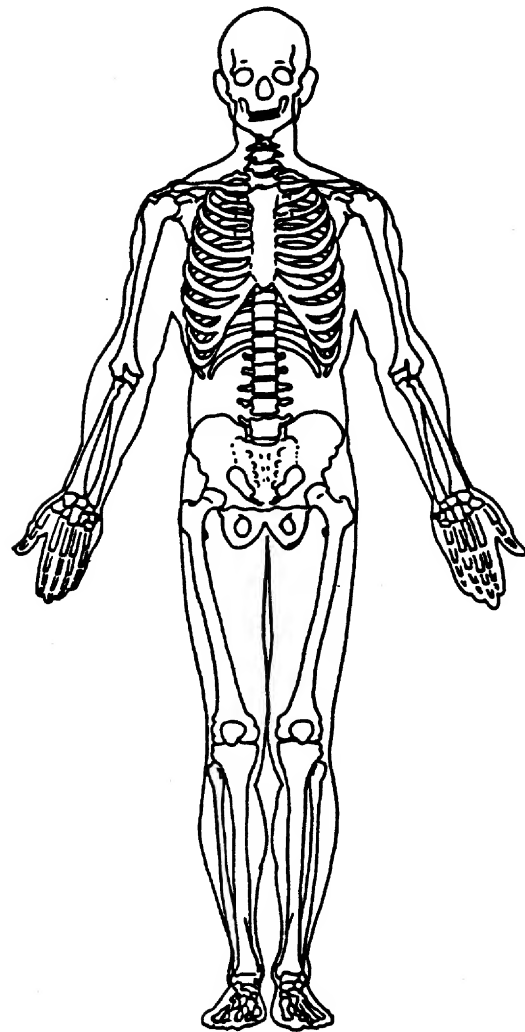
OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

Indicate the *Location, Lesion, Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



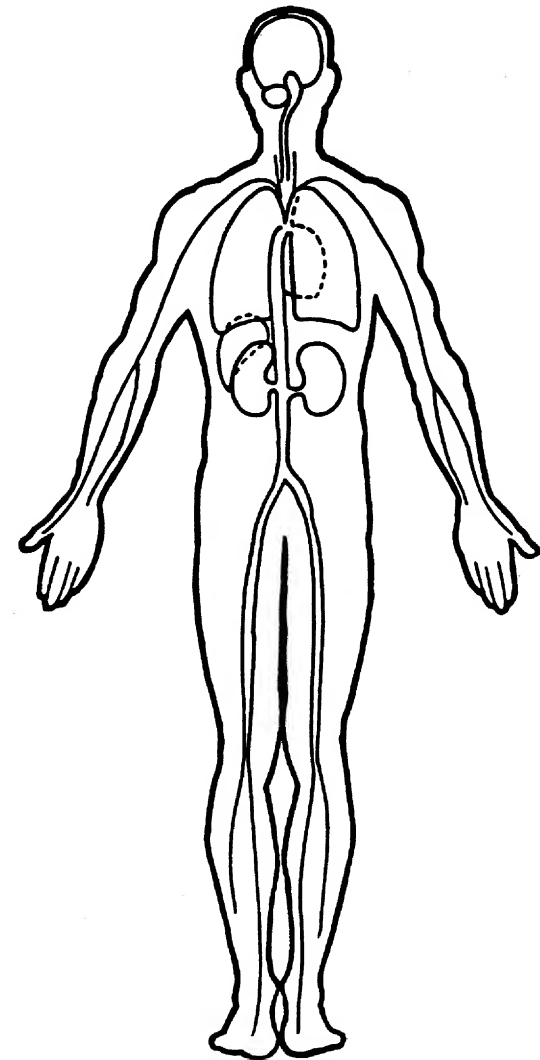
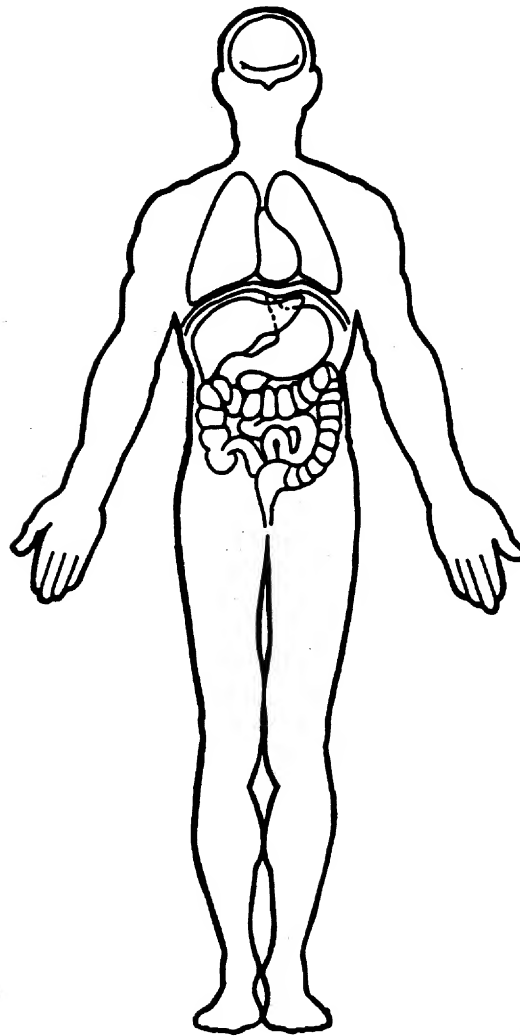
OFFICIAL INJURY DATA – SKELETAL INJURIES

Indicate the *Location*, *Lesion*, *Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA – INTERNAL INJURIES

Indicate the *Location, Lesion, Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





OCCUPANT ASSESSMENT FORM

Case Number

DSI-90-AB05

Vehicle Number

01

Occupant Number

02

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

68

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

2

(1) Male

(2) Female

(9) Unknown

7. Occupant's Height

99

Code actual height to the nearest inch.

(99) Unknown

8. Occupant's Weight

299

Code actual weight to the nearest pound.

(999) Unknown

9. Occupant's Role

2

(1) Driver

(2) Passenger

(9) Unknown

10. Occupant's Seat Position

13

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

2

(0) Normal posture

(1) Abnormal posture (specify):

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection

0

(0) No ejection

(1) Complete ejection

(2) Partial ejection

(3) Ejection, unknown degree

(9) Unknown

13. Ejection Area

0

(0) No ejection

(1) Windshield

(2) Left front

(3) Right front

(4) Left rear

(5) Right rear

(6) Rear

(7) Roof

(8) Other area (e.g., back of pickup, etc.)

(specify):

(9) Unknown

14. Ejection Medium

0

(0) No ejection

(1) Door/hatch/tailgate

(2) Nonfixed roof structure

(3) Fixed glazing

(4) Nonfixed glazing (specify):

(5) Integral structure

(8) Other medium (specify):

(9) Unknown

15. Medium Status (Immediately Prior to Impact)

0

(0) No ejection

(1) Open

(2) Closed

(3) Integral structure

(9) Unknown

16. Entrapment

0

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

(0) Not entrapped

(1) Entrapped

(9) Unknown

RESTRAINT SYSTEM AND SEAT EVALUATION**17. Manual (Active) Belt System Availability** φ

- (0) Not available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown
- (8) Other belt (specify): _____

(9) Unknown

18. Manual (Active) Belt System Use φ φ

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify): _____

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat - type unknown
- (18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used

19. Proper Use of Manual (Active) Belts φ

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

- (8) Other improper use of manual belt system (specify): _____

(9) Unknown

20. Manual (Active) Belt Failure Modes During Accident φ

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

- (6) Broken retractor
- (7) Combination of above (specify): _____

- (8) Other manual belt failure (specify): _____

(9) Unknown

21. Air Bag System Availability/Function φ

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify): _____

- (3) Air bag not reinstalled

- (9) Unknown

22. Air Bag System Deployment φ

- (0) Not equipped/not available
- (1) Air bag deployed during accident
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (9) Unknown

23. Did Air Bag System Fail? φ

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____

- (9) Unknown

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use 4

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): _____

- (8) Restrained, type unknown

- (9) Police indicated "unknown"

25. Head Restraint Type/Damage by Occupant at This Occupant Position 3

- (0) No head restraints
- (1) Integral - no damage
- (2) Integral - damaged during accident
- (3) Adjustable - no damage
- (4) Adjustable - damaged during accident
- (5) Add-on - no damage
- (6) Add-on - damaged during accident
- (8) Other (specify): _____

- (9) Unknown

26. Seat Type (This Occupant Position) 6
- (00) Occupant not seated or no seat
 - (01) Bucket
 - (02) Bucket with folding back
 - (03) Bench
 - (04) Bench with separate back cushions
 - (05) Bench with folding back(s)
 - (06) Split bench with separate back cushions
 - (07) Split bench with folding back(s)
 - (08) Pedestal (i.e., van type)
 - (09) Other seat type (specify):

(99) Unknown

27. Seat Performance (This Occupant Position) 1
- (0) Occupant not seated or no seat
 - (1) No seat performance failure(s)
 - (2) Seat adjusters failed
 - (3) Seat back folding locks failed
 - (4) Seat track/anchors failed
 - (5) Deformed by impact of occupant
 - (6) Deformed by passenger compartment intrusion (specify):

(7) Combination of above (specify):

(8) Other (specify):

(9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model 6 6 6
- (000) No child safety seat
- Applicable codes are found in your NASS CDS Data Collection, Coding, and Editing Manual
- (997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat 6
- (0) No child safety seat
 - (1) Infant seat
 - (2) Toddler seat
 - (3) Convertible seat
 - (4) Booster seat
 - (7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation 6 6
- (00) No child safety seat

Designed for Rear Facing for This Age/Weight

- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify):

(09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation for This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 6 6

32. Child Safety Seat Shield Usage 6 6

33. Child Safety Seat Tether Usage 6 6

Note: Options below applicable to Variables OA31-OA33.

(00) No child safety seat

Not Designed with
Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed with Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed with Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

National Accident Sampling System—Crashworthiness Data System: Occupant Assessment Form

Page 4

INJURY CONSEQUENCES**34. Injury Severity (Police Rating)**4

- (0) O—No injury
- (1) C—Possible injury
- (2) B—Nonincapacitating injury
- (3) A—Incapacitating injury
- (4) K—Killed
- (5) U—Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment—Mortality1

- (0) No treatment
- (1) Fatal
- (2) Fatal—ruled disease
- Nonfatal
- (3) Hospitalized
- (4) Transported and released
- (5) Treatment at scene—nontransported
- (6) Treatment later
- (8) Treatment—other (specify):

(9) Unknown

36. Type of Medical Facility (for Initial Treatment)0

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

37. Hospital stay0 0

- Code number of days (up through 60) that the occupant stayed in the hospital
- (00) Not hospitalized
- (61) 61 days or more
- (99) Unknown

98. Glasgow Coma Score (upon admission)— —

(99) Unknown

38. Working Days Lost6 2

- Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

39. Time to Death0 1

- Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 24 hours, 2 days = 48, ... n days = 24 + n up through 30 days = 60)
- (00) Not fatal
- (96) Fatal—ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death0 1**41. 2nd Medically Reported Cause of Death**0 2**42. 3rd Medically Reported Cause of Death**0 0

- Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
- (97) Other result (specify):

(99) Unknown

43. Number of Recorded Injuries for This Occupant0 2

- Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

99. Case Occupant1

- (0) Not the Case occupant
- (1) This is the Case occupant
- (2) This is the Case occupant in another case

UPDATE CANDIDATE

NO [X]

YES []

*** STOP HERE ***

IF THERE ARE NO RECORDED INJURIES

(I.E., OA43=00, 97, 99)

National Accident Sampling System-Crashworthiness Data System: Occupant Assessment Form

Page 5

44. Automatic (Passive) Belt System Availability/
Function 2

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use 1

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):

- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type 1

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive)
Belt System 1

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of automatic belt system (specify):

- (9) Unknown

48. Automatic (Passive) Belt Failure Modes
During Accident 1

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):

- (8) Other automatic belt failure (specify):

- (9) Unknown

UPDATE CANDIDATE? NO [X] YES []

OCCUPANT INJURY FORM INCLUDED WITH INITIAL SUBMISSION? NO [] YES [X]

*** STOP HERE ***
 IF THERE ARE NO RECORDED INJURIES
 (I.E., OA43 = 00,97,99)



U.S. Department of Transportation
National Highway Traffic Safety
Administration

BEST AVAILABLE

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

OCCUPANT INJURY FORM

Case Number— DSI-90-AB-05 Vehicle Number 01
Occupant Number 02

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

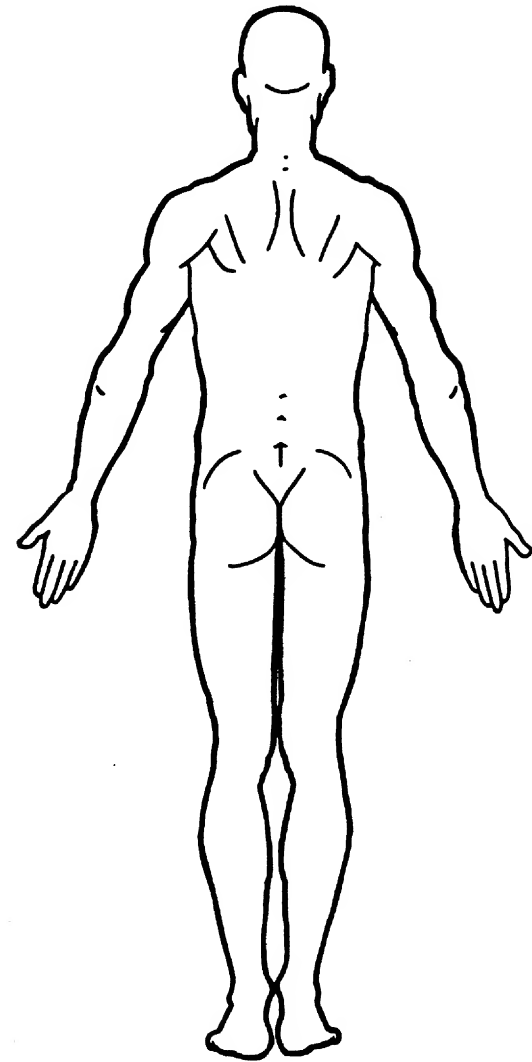
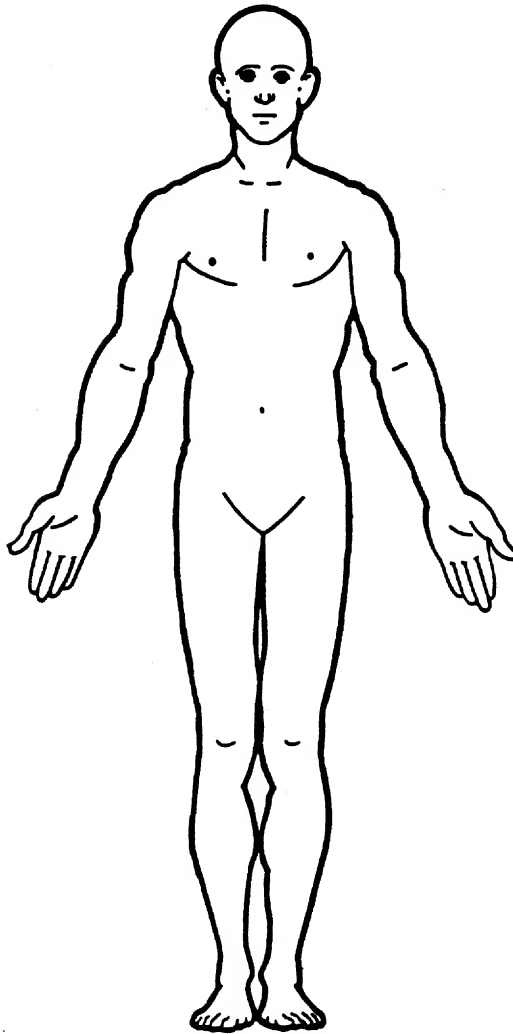
	Source of Injury Data	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
1st	5. <u>2</u>	6. <u>H</u>	7. <u>I</u>	8. <u>F</u>	9. <u>S</u>	10. <u>3</u>	11. <u>10</u>	12. <u>2</u>	13. <u>1</u>	14. <u>00</u>
2nd	15. <u>2</u>	16. <u>C</u>	17. <u>B</u>	18. <u>F</u>	19. <u>S</u>	20. <u>4</u>	21. <u>41</u>	22. <u>2</u>	23. <u>1</u>	24. <u>00</u>
3rd	25. —	26. —	27. —	28. —	29. —	30. —	31. —	32. —	33. —	34. —
4th	35. —	36. —	37. —	38. —	39. —	40. —	41. —	42. —	43. —	44. —
5th	45. —	46. —	47. —	48. —	49. —	50. —	51. —	52. —	53. —	54. —
6th	55. —	56. —	57. —	58. —	59. —	60. —	61. —	62. —	63. —	64. —
7th	65. —	66. —	67. —	68. —	69. —	70. —	71. —	72. —	73. —	74. —
8th	75. —	76. —	77. —	78. —	79. —	80. —	81. —	82. —	83. —	84. —
9th	85. —	86. —	87. —	88. —	89. —	90. —	91. —	92. —	93. —	94. —
10th	95. —	96. —	97. —	98. —	99. —	100. —	101. —	102. —	103. —	104. —

HS Form 433B

This report is authorized by P.L. 89-563, Title 1, Section 104, 106, and 112. While you are not required to respond, your cooperation is needed to make the results of this data collection effort comprehensive, accurate, and timely.

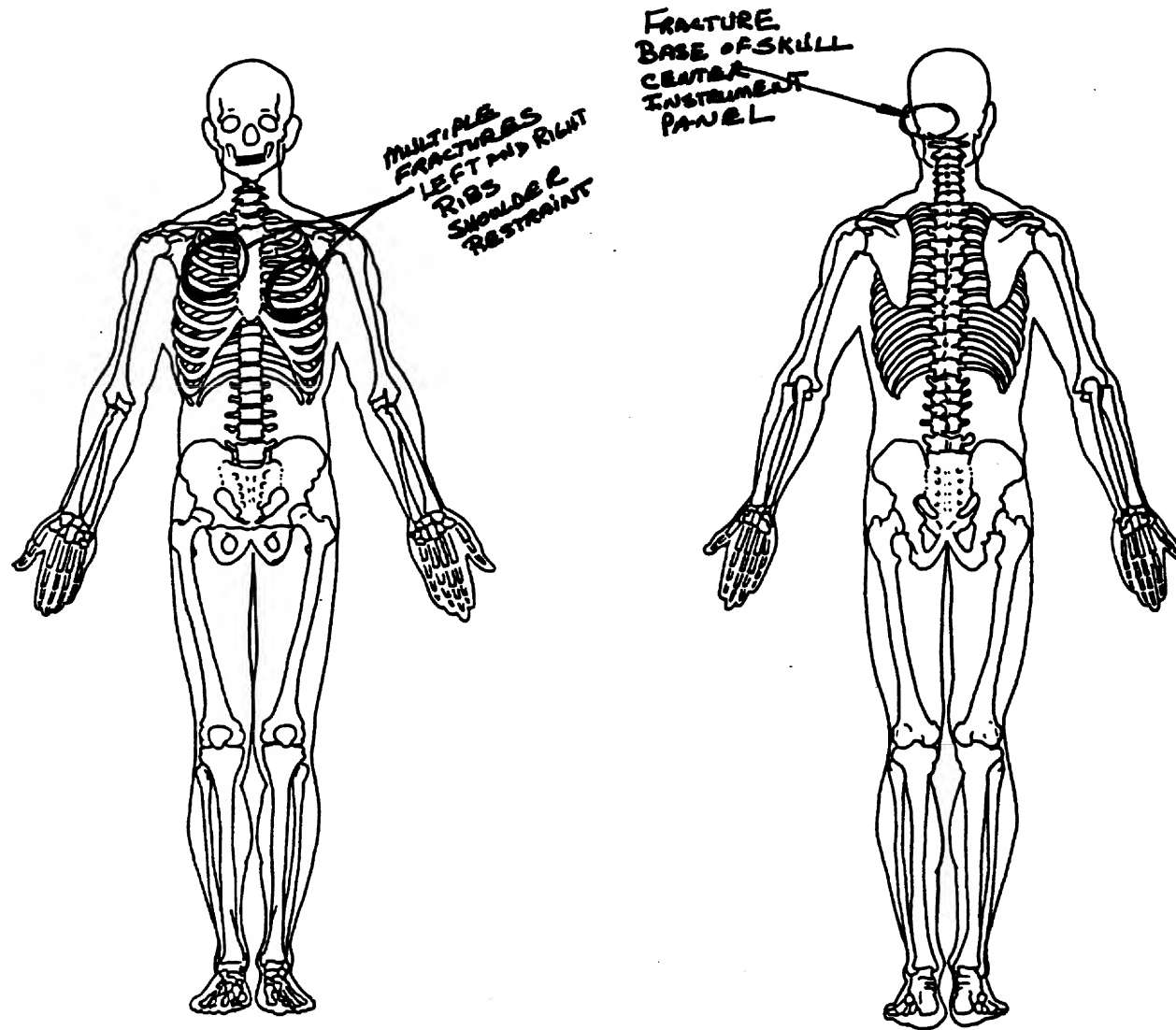
OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

Indicate the *Location, Lesion, Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



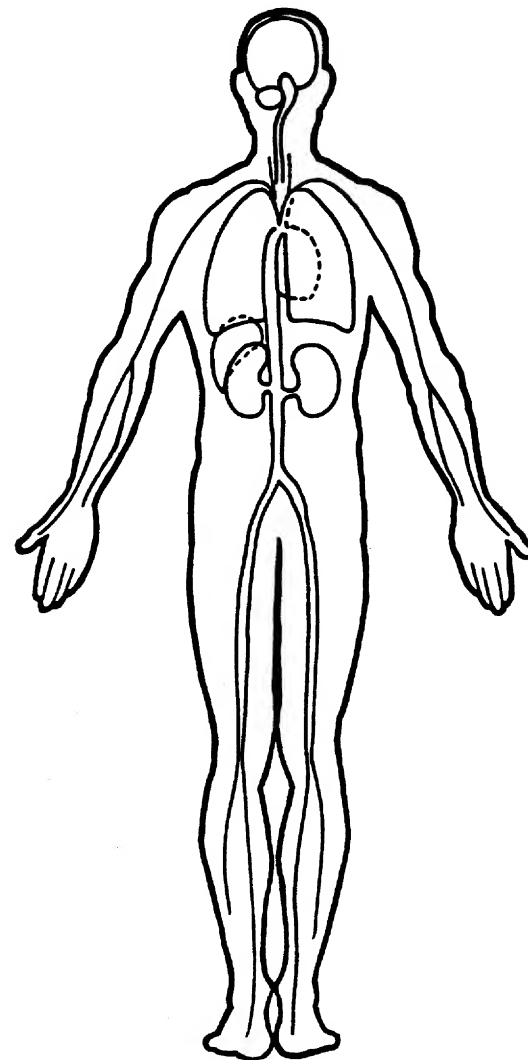
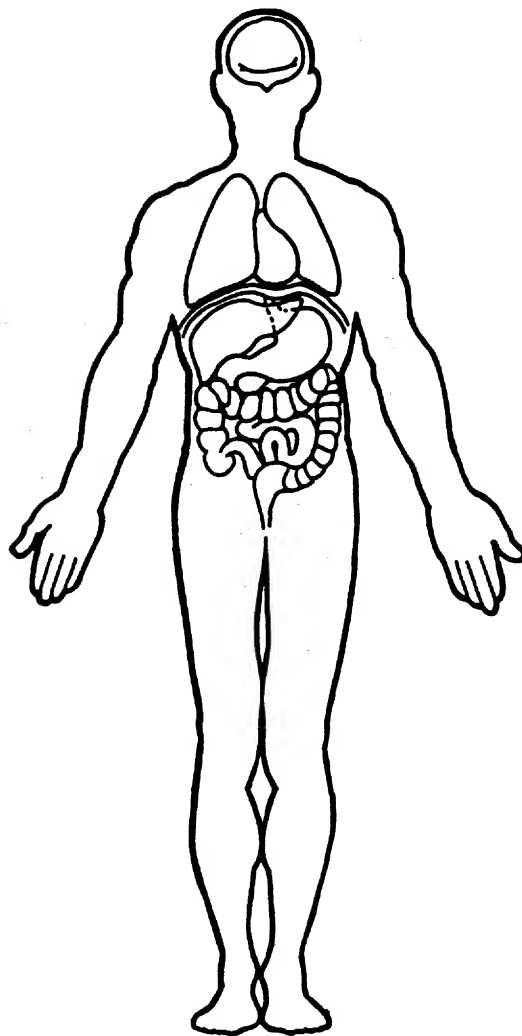
OFFICIAL INJURY DATA – SKELETAL INJURIES

Indicate the *Location, Lesion, Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA – INTERNAL INJURIES

Indicate the *Location, Lesion, Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Case Number

DSI-90-AB-05

Vehicle Number

02

VEHICLE IDENTIFICATION

4. Vehicle Model Year

Code the last two digits of the model year
(99) Unknown

80

5. Vehicle Make (specify):

CHEVROLET

Applicable codes are found in your
NASS CDS Data Collection, Coding, and
Editing Manual.
(99) Unknown

20

6. Vehicle Model (specify):

MONTE CARLO

Applicable codes are found in your
NASS CDS Data Collection, Coding, and
Editing Manual.
(999) Unknown

010

7. Body Type

Note: Applicable codes are found on
the back of this page.

02

8. Vehicle Identification Number

1Z37KA1

Left justify; Slash zeros and letter Z (0 and Z)
No VIN - Code all zeros
Unknown - Code all nine's

OFFICIAL RECORDS

9. Police Reported Vehicle Disposition

(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

1

10. Police Reported Travel Speed

Code to the nearest mph (NOTE: 00 means
less than 0.5 mph)
(97) 96.5 mph and above
(99) Unknown

99

11. Police Reported Alcohol Presence

(0) No alcohol present
(1) Yes (alcohol present)
(7) Not reported
(8) No driver present
(9) Unknown

1

Note: See Variables 37 through 55 (Page 4)
for Information on Other Drugs

12. Alcohol Test Result for Driver

Code actual value (decimal implied before
first digit - 0.xx)
(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown

99

Source

ACCIDENT RELATED

13. Speed Limit

(00) No statutory limit
Code posted or statutory speed limit
(99) Unknown

99

14. Attempted Avoidance Maneuver

(00) No impact
(01) No avoidance actions
(02) Braking (no lockup)
(03) Braking (lockup)
(04) Braking (lockup unknown)
(05) Releasing brakes
(06) Steering left
(07) Steering right
(08) Braking and steering left
(09) Braking and steering right
(10) Accelerating
(11) Accelerating and steering left
(12) Accelerating and steering right
(97) No driver present
(98) Other action (specify):

99

(99) Unknown

15. Accident Type

Applicable codes may be found on the back
of page two of this field form
(00) No impact
Code the number of the diagram that
best describes the accident circumstance
(98) Other accident type (specify):

98

(99) Unknown

****SKIP TO VARIABLE GV37 IF GV07 DOES NOT EQUAL 01-49****



CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (08) Other automobile type (specify):

(09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, and Brat)
- (11) Auto based panel (cargo station wagon, includes auto based ambulance/hearse)
- (12) Large limousine—more than four side doors or stretched chassis

Utility Vehicles

- (13) Short utility—not truck based (includes Jeep CJ-5, Jeep CJ-7, Renegade, Landrover, Pre-78 Bronco, Landcruiser, Thing)
- (14) Truck based utility (2-door; includes Blazer, Bronco—78 on, Bronco II, Jimmy, Ramcharger, Cherokee, Trailduster, Scout)

Van Based Light Trucks (· 10,000 lbs GVWR)

- (20) Minivan (Lumina APV, Astro, Caravan, Plymouth Vista, Aerostar, Safari, Voyager [84 and after], Dodge Vista, Mini Ram Van, Toyota Cargo Van, Toyota Van, Vanagon, VW Bus, Kombi)
- (21) Standard van (Sportvan, Chevy Van, Club Wagon, Ford Econoline, Ram Van, Chateau, Ram Wagon, Vandura, Rally, Voyager [83 and before], Beauville, Sportsman)
- (28) Other van type (Hi-Cube Van, Kary) (specify):

(29) Unknown van type

Light Conventional Trucks (Pickup Style Cab, 10,000 lbs GVWR)

- (30) Compact pickup (· 4,500 lbs. GVWR, S-10, LUV, Ram 50, Rampage, Courier, Ranger, S-15 Pup, Mazda Pickup, Mitsubishi Truck, Nissan Pickup, Arrow Pickup, Scamp, Toyota Pickup, VW Pickup)
- (31) Standard pickup (4,500 to 10,000 lbs. GVWR, C10 - C30, K10 - K30, T10, D100 - D350, W150 - W350, F100 - F350, Comanche, J10 - J30, Dakota)
- (32) Pickup with slide-in camper
- (33) Truck based station wagon (4-door; includes Suburban, Travelall, Wagoneer)
- (34) Light truck based suburban limousine
- (35) Convertible pickup
- (39) Unknown (pickup style) light conventional truck type

Other Light Trucks (· 10,000 lbs GVWR)

- (40) Cab chassis based (includes rescue vehicle, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (47) Other light conventional truck type (not a pickup - includes step vans ≤ 10,000 lbs GVWR, Grumman LLV vehicle) (specify):

-
- (48) Unknown other light truck type (not a pickup)
 - (49) Unknown light vehicle type (automobile, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify):

(59) Unknown bus type

Medium/Heavy Trucks (· 10,000 lbs GVWR)

- (60) Step van
- (61) Single unit straight truck (10,000 lbs GVWR 26,000 lbs)
- (62) Single unit straight truck (· 26,000 lbs GVWR)
- (63) Medium/heavy truck based motorhome
- (64) Truck-tractor with no cargo trailer
- (65) Truck-tractor pulling one trailer
- (66) Truck-tractor pulling two or more trailers
- (67) Truck-tractor (unknown if pulling trailer)
- (68) Unknown medium/heavy truck type
- (69) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (70) Motorcycle
- (71) Moped (motorized bicycle)
- (78) Other motored cycle type (minibike, motorscooter) (specify):

(79) Unknown motored cycle type

Other Vehicles

- (80) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (88) Other vehicle type (specify):

(99) Unknown body type

OCCUPANT RELATED

16. Driver Presence in Vehicle 1
(0) Driver not present
(1) Driver present
(9) Unknown
17. Number of Occupants This Vehicle 01
(00-96) Code actual number of occupants for this vehicle
(97) 97 or more
(99) Unknown
18. Number of Occupant Forms Submitted 01

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight 03300
3311 Code weight to nearest 100 pounds.
(010) Less than 1050 pounds
(135) 13,500 lbs or more
(999) Unknown
- Source: [REDACTED]
20. Vehicle Cargo Weight 9900
Code weight to nearest 100 pounds.
(00) Less than 50 pounds
(97) 9,650 lbs or more
(99) Unknown

RECONSTRUCTION DATA

21. Towed Trailing Unit 0
(0) No towed unit
(1) Yes - towed trailing unit
(9) Unknown
22. Documentation of Trajectory Data for This Vehicle 1
(0) No
(1) Yes
23. Post Collision Condition of Tree or Pole (for Highest Delta V) 0
(0) Not collision (for highest delta V) with tree or pole
(1) Not damaged
(2) Cracked/sheared
(3) Tilted < 45 degrees
(4) Tilted ≥ 45 degrees
(5) Uprooted tree
(6) Separated pole from base
(7) Pole replaced
(8) Other (specify):

(9) Unknown

24. Rollover 3
(0) No rollover (no overturning)
- Rollover (primarily about the longitudinal axis)
(1) Rollover, 1 quarter turn only
(2) Rollover, 2 quarter turns
(3) Rollover, 3 quarter turns
(4) Rollover, 4 or more quarter turns (specify):

- (5) Rollover - end-over-end (i.e., primarily about the lateral axis)
(9) Rollover (overturn), details unknown

OVERRIDE/UNDERRIDE (THIS VEHICLE)

25. Front Override/Underride (this vehicle) 0
26. Rear Override/Underride (this vehicle) 0
- (0) No override/underride, or not an end-to-end impact
- Override (see specific CDC)
(1) 1st CDC
(2) 2nd CDC
(3) Other not automated CDC (specify):

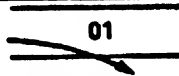


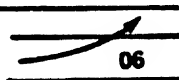


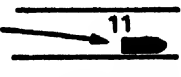

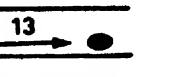
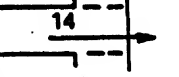
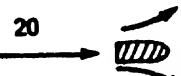
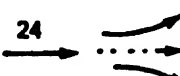
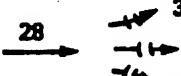


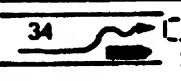
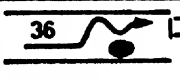
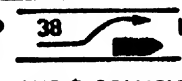
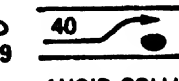
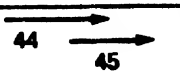
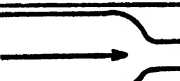
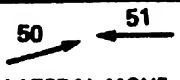
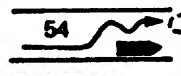
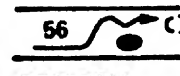
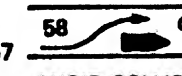
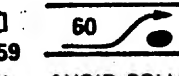
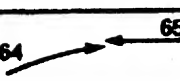
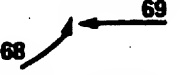

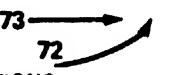
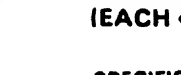
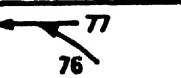

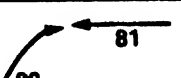
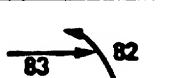
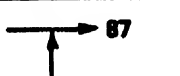



- Underride (see specific CDC)
(4) 1st CDC
(5) 2nd CDC
(6) Other not automated CDC (specify):

- (7) Medium/heavy truck override
(9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value
(997) Noncollision
(998) Impact with object
(999) Unknown

27. Heading Angle for This Vehicle 190
28. Heading Angle for Other Vehicle 090

Category	Configuration	ACCIDENT TYPES (Includes Intent)					
I. Single Driver	A. Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN	
	B. Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION LOSS	 08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN	
	C. Forward Impact	 11 PARKED VEH.	 12 STA. OBJECT	 13 PEDESTRIAN/ ANIMAL	 14 END DEPARTURE	15 SPECIFICS OTHER	16 SPECIFICS UNKNOWN
II. Same Trafficway Same Direction	D. Rear-End	 20 STOPPED 21, 22, 23	 24 SLOWER 25, 26, 27	 28 DECEL. 29, 30, 31	 30 (EACH • 32)	 31 (EACH • 33)	
	E. Forward Impact	 34 CONTROL/ TRACTION LOSS	 36 CONTROL/ TRACTION LOSS	 38 AVOID COLLISION WITH VEH.	 40 AVOID COLLISION WITH OBJECT	(EACH • 42) SPECIFICS OTHER	(EACH • 43) SPECIFICS UNKNOWN
	F. Sideswipe Angle	 44 (EACH • 48)	 46 (EACH • 49)			SPECIFICS OTHER SPECIFICS UNKNOWN	
III. Same Trafficway Opposite Direction	G. Head-On	 50 LATERAL MOVE	(EACH • 52) SPECIFICS OTHER		(EACH • 53) SPECIFICS UNKNOWN		
	H. Forward Impact	 54 CONTROL/ TRACTION LOSS	 56 CONTROL/ TRACTION LOSS	 58 AVOID COLLISION WITH VEH.	 60 AVOID COLLISION WITH OBJECT	(EACH • 62) SPECIFICS OTHER (EACH • 63) SPECIFICS UNKNOWN	
	I. Sideswipe Angle	 64 LATERAL MOVE	(EACH • 66) SPECIFICS OTHER		(EACH • 67) SPECIFICS UNKNOWN		
IV. Change Trafficway Vehicle Turning	J. Turn Across Path	 68 INITIAL OPPOSITE DIRECTIONS	 71 INITIAL SAME DIRECTIONS	 73 (EACH • 74)		 75 (EACH • 75)	
	K. Turn Into Path	 77 TURN INTO SAME DIRECTION	 79 TURN INTO OPPOSITE DIRECTIONS	 81 (EACH • 84)		 83 (EACH • 85)	
V. Intersecting Paths (Vehicle Damage)	L. Straight Paths	 86 (EACH • 90)	 88 (EACH • 91)	SPECIFICS OTHER		SPECIFICS UNKNOWN	
VI. Miscellaneous	M. Backing Etc.	 92 BACKING VEH.	 93 OTHER VEH. OR OBJECT		98 Other Accident Type 99 Unknown Accident Type 00 No Impact		

29. Basis for Total Delta V (Highest)

Delta V Calculated

- (1) CRASH program—damage only routine
- (2) CRASH program—damage and trajectory routine
- (3) Missing vehicle algorithm

Delta V Not Calculated

- (4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.
- (5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction techniques, regardless of adequacy of damage data.
- (6) All vehicles and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.

COMPUTER GENERATED DELTA V

30. Total Delta V

Secondary Highest

99

____ Nearest mph ____

(NOTE: 00 means less than
0.5 mph)
(97) 96.5 mph and above
(99) Unknown

31. Longitudinal Component of Delta V

+ 99

____ Nearest mph ____

(NOTE: 00 means greater than
-0.5 and less than +0.5 mph)
(±97) ±96.5 mph and above
(— 99) Unknown

32. Lateral Component of Delta V

Secondary Highest

+ 99

____ Nearest mph ____

(NOTE: 00 means greater than
-0.5 and less than +0.5 mph)
(±97) ±96.5 mph and above
(— 99) Unknown

33. Energy Absorption

999,900

____ Nearest 100 foot-lbs ____

(NOTE: 0000 means less than 50 Foot-Lbs)
(9997) 999,650 foot-lbs or more
(9999) Unknown

34. Confidence in Reconstruction Program Results (for Highest Delta V)

- (0) No reconstruction
- (1) Collision fits model—results appear reasonable
- (2) Collision fits model—results appear high
- (3) Collision fits model—results appear low
- (4) Borderline reconstruction—results appear reasonable

35. Type of Vehicle Inspection

- (0) No inspection
- (1) Complete inspection
- (2) Partial inspection (specify):

* 99. Percent Overlap

+ 999

Code the rounded product of:

Direct Width / Undef. End Width

— = Left Overlap + = Right Overlap

000 Not an end-to-end impact

999 Unknown

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), ***
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

* GV99 notes: The idea is to document overlap at initial contact. Therefore, divide the direct width of the vehicle with the most narrow direct width by the undeformed end width of the vehicle described on this form.

If this vehicle sustained direct contact across the entire plane at initial contact, then code 100.

37. Police Reported Other Drug Presence

7

- (0) No other drugs present
- (1) Yes (other drug present)
- (7) Not reported
- (8) No driver present
- (9) Unknown

38. Police Reported Observation/Perception Test Type For Driver

9

- (0) No observation/perception test given
- (1) Drug recognition technician (DRT) determination
- (2) Behavioral
- (3) Other physical observation/perception determination (specify):

- (7) Other observation/perception test
- (8) No driver present

- (9) Unknown if observation/perception test given

39. Other Drug Specimen Test Type For Driver

9

- (0) No specimen test given

- (1) Blood test
- (2) Urine test
- (3) Other specimen tests (specify):

- (7) Unspecified specimen test
- (8) No driver present
- (9) Unknown if specimen test given

OTHER DRUGS TEST RESULTS FOR DRIVER

	Observation/ Perception Test Results	Specimen Test Results
Narcotic Drug	40. <u>9</u>	41. <u>9</u>
Depressant Drug	42. <u>9</u>	43. <u>9</u>
Stimulant Drug	44. <u>9</u>	45. <u>9</u>
Hallucinogen Drug	46. <u>9</u>	47. <u>9</u>
Cannabinoid Drug	48. <u>9</u>	49. <u>9</u>
Phencyclidine (PCP)	50. <u>9</u>	51. <u>9</u>
Inhalant Drug	52. <u>9</u>	53. <u>9</u>
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. <u>9</u>	55. <u>9</u>

Codes For Observation/Perception Test Results

- (0) No observation/perception test given
- (1) Passed observation/perception test
- (2) Failed observation/perception test
- (3) Observation/perception test given - results unknown
- (8) No driver present
- (9) Unknown if observation perception test given

Codes for Specimen Test Results

- (0) No specimen test given
- (1) Drug not found in specimen
- (2) Drug found in specimen
- (8) No driver present
- (9) Unknown if specimen test given

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), ***
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.

EXTERIOR VEHICLE FORM

**NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM**

[illegible]

VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE

a. Rotation physically restricted b. Tire deflated

RF MISSINGRF MISSINGLF 2LF 2RR 2RR 2LR 2LR 2

(1) Yes (2) No (8) NA (9) Unk.

ORIGINAL SPECIFICATIONS

Wheelbase 108.1Overall Length 206.4Maximum Width 71.5Curb Weight 3196Average Track 58.1Front Overhang 42.7Rear Overhang 49.6Engine Size: cyl./ displ. V6/3.8Undeformed End Width

WHEEL STEER ANGLES

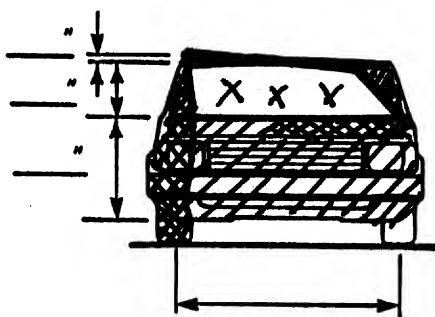
(For locked front wheels or displaced rear axles only)

RF \pm MISSING°LF \pm 2.0°RR \pm —°LR \pm —°Within ± 5 degrees

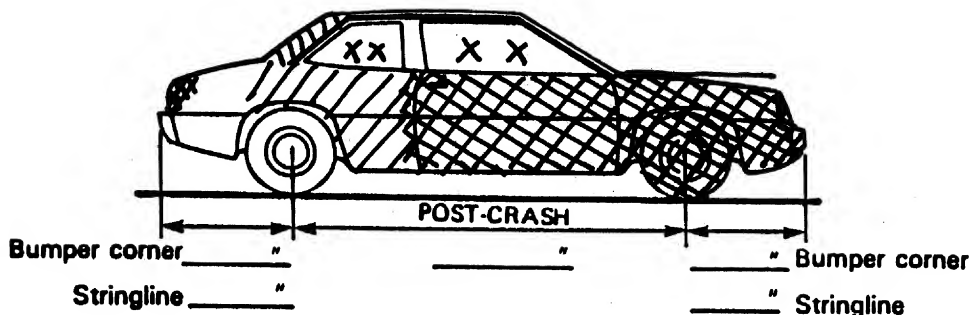
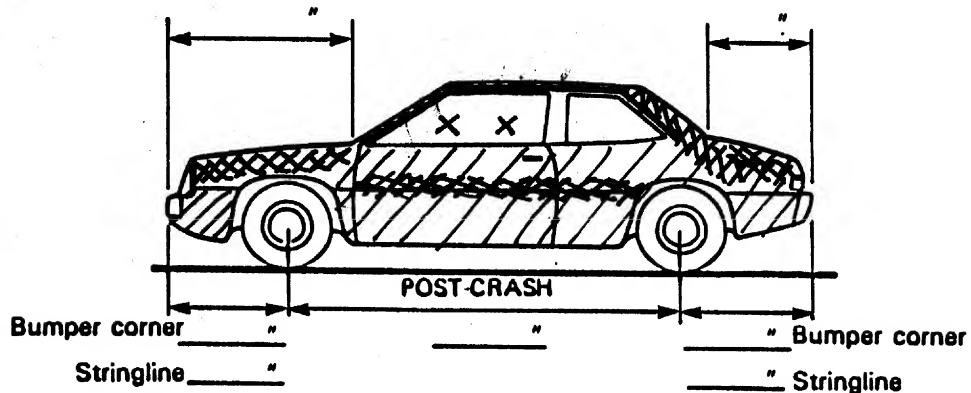
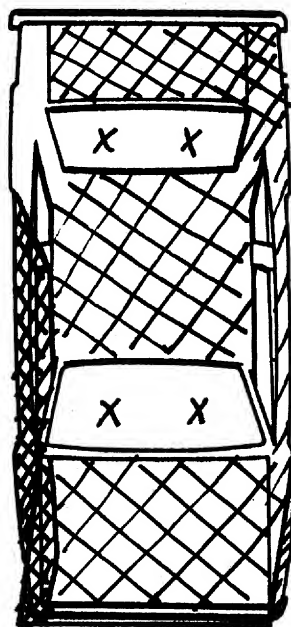
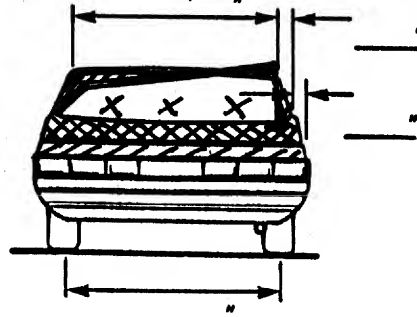
TYPE OF TRANSMISSION

☐ Manual ☒ Automatic

DRIVE WHEELS

☐ FWD ☒ RWD ☐ 4WDApproximate Cargo Weight UNKNOWN

Original
Bumper height



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewall, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page. Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

CDC WORKSHEET

CODES FOR OBJECT CONTACTED

01-30 - Vehicle Number

Noncollision

- (31) Overturn - rollover
 (32) Fire or explosion
 (33) Jackknife
 (34) Other intraunit damage (specify):

- (35) Noncollision injury
 (38) Other noncollision (specify):

(39) Noncollision - details unknown

Collision with Fixed Object

- (41) Tree (≤ 4 inches in diameter)
 (42) Tree (> 4 inches in diameter)
 (43) Shrubbery or bush
 (44) Embankment

(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (≤ 4 inches in diameter)
 (51) Pole or post (> 4 but ≤ 12 inches in diameter)
 (52) Pole or post (> 12 inches in diameter)
 (53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
 (55) Impact attenuator
 (56) Other traffic barrier (specify):

- (57) Fence
 (58) Wall
 (59) Building
 (60) Ditch or Culvert
 (61) Ground
 (62) Fire hydrant
 (63) Curb
 (64) Bridge
 (68) Other fixed object (specify):

(69) Unknown fixed object

Collision With Nonfixed Object

- (71) Motor vehicle not in transport
 (72) Pedestrian
 (73) Cyclist or cycle
 (74) Other nonmotorist or conveyance (specify):

- (75) Vehicle occupant
 (76) Animal
 (77) Train
 (78) Trailer, disconnected in transport
 (88) Other nonfixed object (specify):

(89) Unknown nonfixed object

(98) Other event (specify):

(99) Unknown event or object

DEFORMATION CLASSIFICATION BY EVENT NUMBER

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force (degrees)	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
<u>01</u>	<u>01</u>	<u>070</u>	<u>60</u>	<u>R</u>	<u>Y</u>	<u>E</u>	<u>W</u>	<u>03</u>
<u>02</u>	<u>01</u>	<u>000</u>	<u>00</u>	<u>I</u>	<u>D</u>	<u>Y</u>	<u>W</u>	<u>02</u>
<u>03</u>	<u>61</u>	<u>000</u>	<u>00</u>	<u>I</u>	<u>D</u>	<u>D</u>	<u>W</u>	<u>03</u>
---	---	---	---	---	---	---	---	---
---	---	---	---	---	---	---	---	---
---	---	---	---	---	---	---	---	---
---	---	---	---	---	---	---	---	---
---	---	---	---	---	---	---	---	---
---	---	---	---	---	---	---	---	---
---	---	---	---	---	---	---	---	---
---	---	---	---	---	---	---	---	---

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>Φ 1</u>	5. <u>Φ 1</u>	6. <u>62</u>	7. <u>R</u>	8. <u>Y</u>	9. <u>E</u>	10. <u>W</u>	11. <u>Φ 3</u>

Second Highest Delta "V"

12. <u>Φ 3</u>	13. <u>6 1</u>	14. <u>Φ Φ</u>	15. <u>I</u>	16. <u>D</u>	17. <u>D</u>	18. <u>W</u>	19. <u>Φ 3</u>
----------------	----------------	----------------	--------------	--------------	--------------	--------------	----------------

CRUSH PROFILE

(The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. ALL MEASUREMENTS ARE IN INCHES.)

HIGHEST DELTA "V"

20. <u>L</u>	21. <u>C1</u>	<u>C2</u>	<u>C3</u>	<u>C4</u>	<u>C5</u>	<u>C6</u>	22. <u>+</u> <u>- D</u>
<u>NOT MEASURED</u>							<u>+</u> <u>-</u>

Second Highest Delta "V"

23. <u>L</u>	24. <u>C1</u>	<u>C2</u>	<u>C3</u>	<u>C4</u>	<u>C5</u>	<u>C6</u>	25. <u>+</u> <u>- D</u>
							<u>+</u> <u>-</u>

26. Are CDCs Documented
but Not Coded on The
Automated File?

- (0) No
(1) Yes

27. Researcher's Assessment
of Vehicle Disposition

- (0) Not towed due to
vehicle damage
(1) Towed due to
vehicle damage
(9) Unknown

28. Original Wheelbase

Code to the
nearest
tenth of an inch
(9999) Unknown

BEST AVAILABLE

29. Is This A Multi-Stage Manufactured Vehicle
And/Or A Certified Altered Vehicle? φ

- (0) No post manufacturer modifications
(1) Yes - post manufacturer modifications
(specify): _____

(Include photograph of CERTIFICATION
PLACARD in case report)

- (9) Unknown if vehicle is modified

30. Fire Occurrence φ

- (0) No fire

Yes, fire occurred

- (1) Minor
(2) Major
(9) Unknown

31. Origin of Fire φ

- (0) No fire
(1) Vehicle exterior (front, side, back, top)
(2) Exhaust system
(3) Fuel tank (and other fuel retention
system parts)
(4) Engine compartment
(5) Cargo/trunk compartment
(6) Instrument panel
(7) Passenger compartment area
(8) Other location (specify): _____

- (9) Unknown

32. Type of Fuel Tank 1

- (0) No fuel tank (electrical vehicle)
(1) Metallic
(2) Non-metallic
(9) Unknown

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED ***
(I.E., GV09 = 0 OR 9), DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



U.S. Department of Transportation
National Highway Traffic Safety
Administration

BEST AVAILABLE

INTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Case Number

DSI-90-AB-05

Vehicle Number

02

INTEGRITY

4. Passenger Compartment Integrity

28

(00) No integrity loss

Yes, Integrity Was Lost Through

(01) Windshield

(02) Door (side)

(03) Door/hatch (rear)

(04) Roof

(05) Roof glass

(06) Side window

(07) Rear window

(08) Roof and roof glass

(09) Windshield and door (side)

(10) Windshield and roof

(11) Side and rear window

(12) Windshield and side window

(13) Door and side window

(98) Other combination of above (specify):

01, 06, 07

(99) Unknown

Door, Tailgate Or Hatch Opening

5. LF 1 6. RF 3 7. LR 0 8. RR 0 9. TG/H 0

(0) No door/gate/hatch

(1) Door/gate/hatch remained closed and operational

(2) Door/gate/hatch came open during collision

(3) Door/gate/hatch jammed shut

(8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening In Collision. If IV05-IV09 = 2, Then Code 8.

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

(0) No door/gate/hatch or door not opened

Door, Tailgate, or Hatch Came Open During Collision

(1) Door operational (no damage)

(2) Latch/striker failure due to damage

(3) Hinge failure due to damage

(4) Door structure failure due to damage

(5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage

(6) Latch/striker and hinge failure due to damage

(8) Other failure (specify):

(9) Unknown

GLAZING

Glazing Damage from Impact Forces

15. WS 4 16. LF 6 17. RF 6 18. LR 0 19. RR 6
20. BL 6 21. Roof 8 22. Other 8

(0) No glazing damage from impact forces

(2) Glazing in place and cracked from impact forces

(3) Glazing in place and holed from impact forces

(4) Glazing out-of-place (cracked or not) and not holed from impact forces

(5) Glazing out-of-place and holed from impact forces

(6) Glazing disintegrated from impact forces

(7) Glazing removed prior to accident

(8) No glazing

(9) Unknown if damaged

Glazing Damage from Occupant Contact

23. WS 2 24. LF 2 25. RF 2 26. LR 0 27. RR 2
28. BL 0 29. Roof 0 30. Other 0

(0) No occupant contact to glazing or no glazing

(1) Glazing contacted by occupant but no glazing damage

(2) Glazing in place and cracked by occupant contact

(3) Glazing in place and holed by occupant contact

(4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact

(5) Glazing out-of-place by occupant contact and holed by occupant contact

(6) Glazing disintegrated by occupant contact

(9) Unknown if contacted by occupant

If No Glazing Damage And No Occupant Contact or No Glazing, Then Code IV 31 Through IV 46 As 0

Type of Window/Windshield Glazing

31. WS 1 32. LF 2 33. RF 2 34. LR 2 35. RR 2
36. BL 2 37. Roof 0 38. Other 0

(0) No glazing contact and no damage, or no glazing

(1) AS-1 - Laminated

(2) AS-2 - Tempered

(3) AS-3 - Tempered-tinted

(4) AS-14 - Glass/Plastic

(8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

39. WS 1 40. LF 2 41. RF 2 42. LR 1 43. RR 1
44. BL 1 45. Roof 0 46. Other 0

(0) No glazing contact and no damage, or no glazing

(1) Fixed

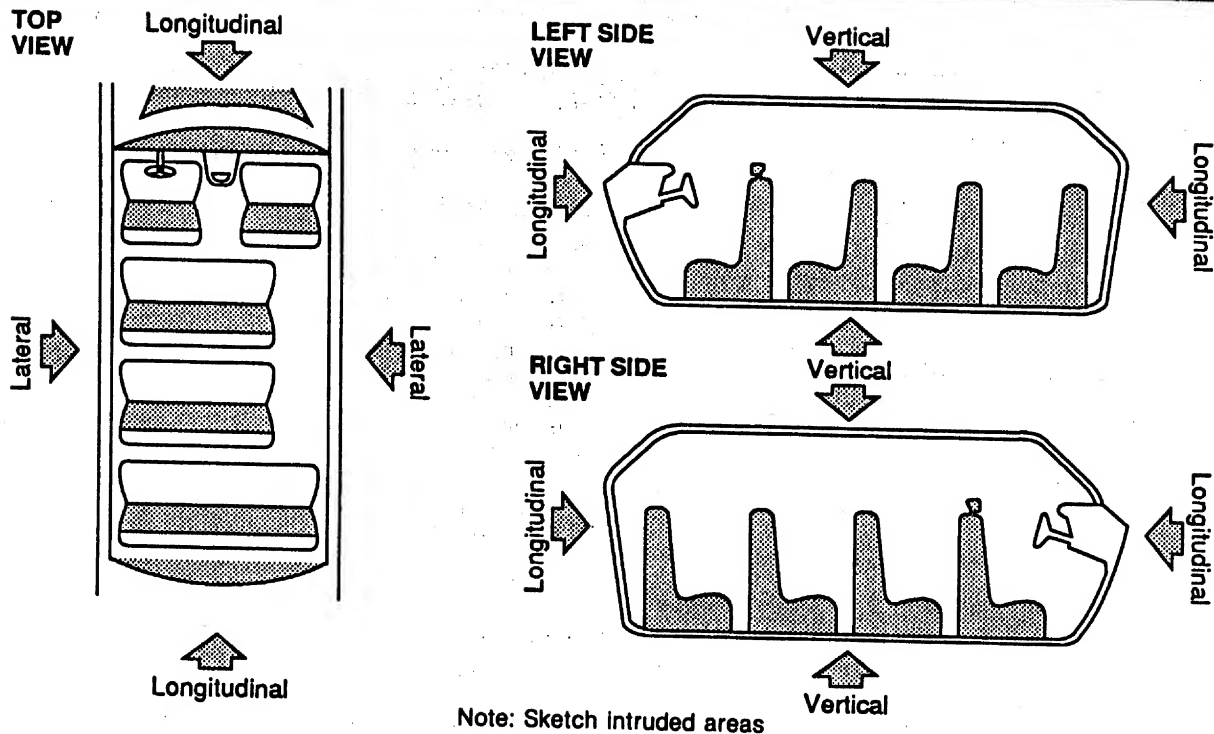
(2) Closed

(3) Partially opened

(4) Fully opened

(9) Unknown

INTRUSION WORK SHEET



LOCATION OF INTRUSION	INTRUDED COMPONENT	COMPARISON VALUE	-	INTRUDED VALUE	=	INTRUSION	DOMINANT CRUSH DIRECTION
13	A. P. LLAR	NOT MEASURED			=		LAT
13	SIDE PANEL F. A. P. I. M. R.	..	-	..	=		LAT
13	FLOOR PAN/SILL	..	-	..	=		LAT
13	INST. PANEL (RIGHT)	..	-	..	=		LAT
13	ROOF SIDE RAIL	..	-	..	=		LAT
13	DOOR PANEL	..	-	..	=		LAT
13	B. P. LLAR	..	-	..	=		LAT
23	C. P. LLAR	..	-	..	=		LAT
12	WINDSHIELD HEADER	..	-	..	=		VERT
13	TOE PAN	..	-	..	=		LAT
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		

Document no more than the 15 most severe intrusions

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV 47-IV 86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. <u>1</u> <u>3</u>	48. <u>Ø</u> <u>6</u>	49. <u>7</u>	50. <u>3</u>
2nd	51. <u>1</u> <u>3</u>	52. <u>2</u> <u>7</u>	53. <u>7</u>	54. <u>3</u>
3rd	55. <u>1</u> <u>3</u>	56. <u>Ø</u> <u>5</u>	57. <u>7</u>	58. <u>3</u>
4th	59. <u>1</u> <u>3</u>	60. <u>1</u> <u>7</u>	61. <u>7</u>	62. <u>3</u>
5th	63. <u>1</u> <u>3</u>	64. <u>Ø</u> <u>4</u>	65. <u>9</u>	66. <u>3</u>
6th	67. <u>1</u> <u>3</u>	68. <u>1</u> <u>3</u>	69. <u>9</u>	70. <u>3</u>
7th	71. <u>1</u> <u>3</u>	72. <u>1</u> <u>Ø</u>	73. <u>7</u>	74. <u>3</u>
8th	75. <u>1</u> <u>3</u>	76. <u>Ø</u> <u>7</u>	77. <u>9</u>	78. <u>3</u>
9th	79. <u>2</u> <u>3</u>	80. <u>Ø</u> <u>8</u>	81. <u>9</u>	82. <u>3</u>
10th	83. <u>1</u> <u>2</u>	84. <u>1</u> <u>5</u>	85. <u>9</u>	86. <u>1</u>

LOCATION OF INTRUSION

Front Seat

- (11) Left
(12) Middle
(13) Right

Second Seat

- (21) Left
(22) Middle
(23) Right

Third Seat

- (31) Left
(32) Middle
(33) Right

Fourth Seat

- (41) Left
(42) Middle
(43) Right

- (97) Catastrophic
(98) Other enclosed area (specify): _____

- (99) Unknown

INTRUDING COMPONENT

Interior Components

- (01) Steering assembly
(02) Instrument panel left
(03) Instrument panel center
(04) Instrument panel right
(05) Toe pan
(06) A-pillar
(07) B-pillar
(08) C-pillar
(09) D-pillar
(10) Door panel (side)
(12) Roof (or convertible top)
(13) Roof side rail
(14) Windshield
(15) Windshield header
(16) Window frame
(17) Floor pan (includes sill)
(18) Backlight header
(19) Front seat back
(20) Second seat back
(21) Third seat back
(22) Fourth seat back
(23) Fifth seat back
(24) Seat cushion
(25) Back door/panel (e.g., tailgate)
(26) Other interior component (specify): _____

- (27) Side panel - forward of the A-pillar
(28) Side panel - rear of the A-pillar

Exterior Components

- (30) Hood
(31) Outside surface of vehicle (specify): _____
(32) Other exterior object in the environment (specify): _____
(33) Unknown exterior object
(97) Catastrophic
(98) Intrusion of unlisted component(s) (specify): _____
(99) Unknown

MAGNITUDE OF INTRUSION

- (1) ≥ 1 inch but < 3 inches
(2) ≥ 3 inches but < 6 inches
(3) ≥ 6 inches but < 12 inches
(4) ≥ 12 inches but < 18 inches
(5) ≥ 18 inches but < 24 inches
(6) ≥ 24 inches
(7) Catastrophic
(9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
(2) Longitudinal
(3) Lateral
(7) Catastrophic
(9) Unknown

STEERING RIM/SPOKE DEFORMATION

COMPARISON VALUE	-	DAMAGE VALUE	=	DEFORMATION
------------------	---	--------------	---	-------------

NOT	-	MEASURED	=	
-----	---	----------	---	--

	-		=	
--	---	--	---	--

	-		=	
--	---	--	---	--

	-		=	
--	---	--	---	--

STEERING COLUMN

87. Steering Column Type

- (1) Fixed column
 (2) Tilt column
 (3) Telescoping column
 (4) Tilt and telescoping column
 (8) Other column type (specify):

(9) Unknown

88. Blank

(This variable is left blank so that numbering consistency can be maintained with the 1988-90 CDS.

X X

89. Blank

(This variable is left blank so that numbering consistency can be maintained with the 1988-90 CDS.

X X X

90. Blank

(This variable is left blank so that numbering consistency can be maintained with the 1988-90 CDS.

X X X

91. Blank

(This variable is left blank so that numbering consistency can be maintained with the 1988-90 CDS.

X X X

92. Steering Rim/Spoke Deformation

Ø

- Code actual measured deformation to the nearest inch.
 (0) No steering rim deformation
 (1-5) Actual measured value
 (6) 6 inches or more
 (8) Observed deformation cannot be measured
 (9) Unknown

93. Location of Steering Rim/Spoke Deformation

Ø Ø

(00) No steering rim deformation

Quarter Sections

- (01) Section A
 (02) Section B
 (03) Section C
 (04) Section D



Half Sections

- (05) Upper half of rim/spoke
 (06) Lower half of rim/spoke
 (07) Left half of rim/spoke
 (08) Right half of rim/spoke



- (09) Complete steering wheel collapse
 (10) Undetermined location
 (99) Unknown

INSTRUMENT PANEL

94. Odometer Reading

9 9 9,000

miles—Code mileage to the nearest 1,000 miles

- (000) No odometer
 (001) Less than 1,500 miles
 (300) 299,500 miles or more
 (999) Unknown

Source: _____

95. Instrument Panel Damage from Occupant Contact?

9

- (0) No
 (1) Yes
 (9) Unknown

96. Knee Bolsters Deformed from Occupant Contact?

8

- (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

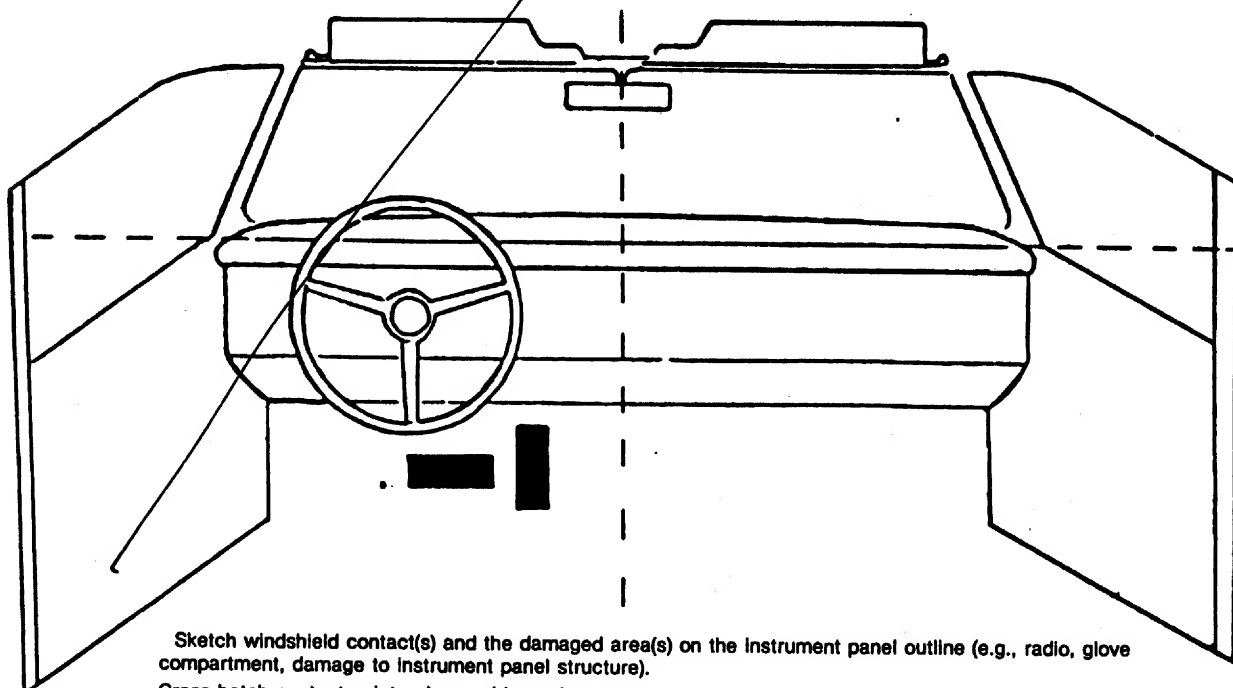
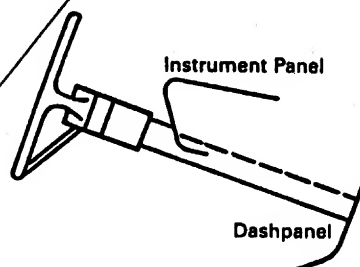
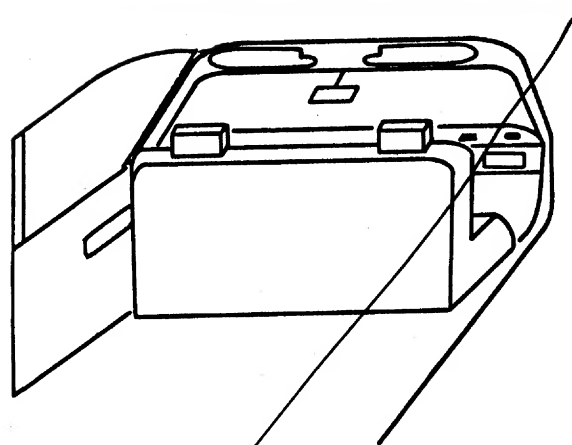
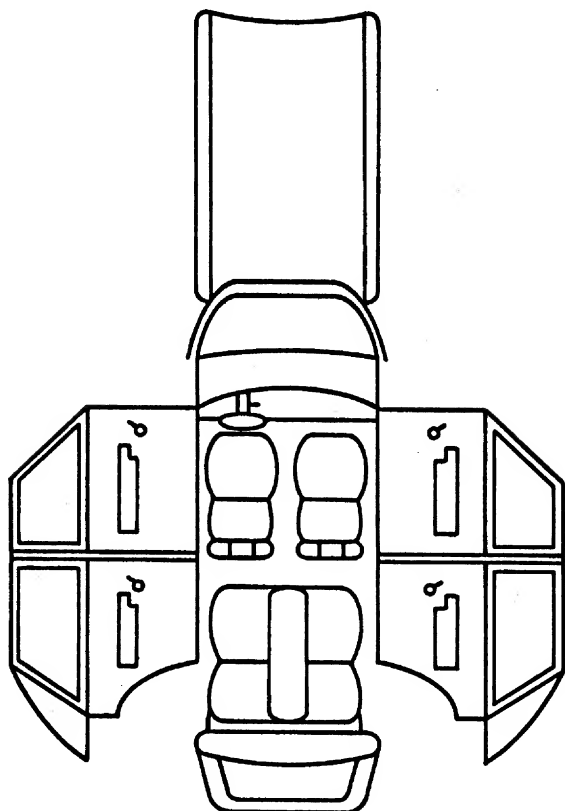
97. Did Glove Compartment Door Open During Collision(s)?

9

- (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	NONE IDENTIFIED				
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A-pillar, instrument panel, or mirror (passenger side only)
- (16) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A pillar
- (23) Left B pillar
- (24) Other left pillar (specify): _____
- (25) Left side window glass or frame

- (26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail
- (27) Other left side object (specify): _____

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A pillar
- (33) Right B pillar
- (34) Other right pillar (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail
- (37) Other right side object (specify): _____

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag
- (46) Other occupants (specify): _____
- (47) Interior loose objects

- (48) Child safety seat (specify): _____

- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor including toe pan
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
- (2) Probable
- (3) Possible
- (4) Unknown

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number						
1. Type of Child Safety Seat						
2. Child Safety Seat Orientation						
3. Child Safety Seat Harness Usage						
4. Child Safety Seat Shield Usage						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify):

- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

2. Child Safety Seat Orientation

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight
- (01) Rear facing
- (02) Forward facing
- (03) Other orientation (specify):

- (04) Unknown orientation
- Designed for Forward Facing for This Age/Weight
- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify):

- (19) Unknown orientation

- Unknown Design or Orientation for This Age/Weight, or Unknown Age/Weight
- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify):

- (29) Unknown orientation

- (99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage

Note: Options Below Are Used for Variables 3-5.

(00) No child safety seat

Not Designed with Harness/Shield/Tether

(01) After market harness/shield/tether added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market harness/shield/tether added

(09) Unknown if harness/shield/tether added or used

Designed with Harness/Shield/Tether

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown if Designed with Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

6. Child Safety Seat Make/Model

(Specify make/model and occupant number)

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Left	Right
FIRST	Availability/Function	Ø	Ø
	Deployment	Ø	Ø
	Failure	Ø	Ø

Air Bag System Availability/Function

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify): _____

- (3) Air bag not reinstalled

- (9) Unknown

Did Air Bag System Fail?

- (0) Not equipped/not available

- (1) No

- (2) Yes (specify): _____

- (9) Unknown

Air Bag System Deployment

- (0) Not equipped/not available

- (1) Air bag deployed during accident

- (2) Air bag deployed inadvertently just prior to accident

- (3) Air bag deployed, accident sequence undetermined

- (4) Nondeployed

- (5) Unknown if deployed

- (9) Unknown

AUTOMATIC BELTS

		Left	Right
FIRST	Availability/Function	Ø	Ø
	Use	Ø	Ø
	Type	Ø	Ø
	Proper Use	Ø	Ø
	Failure Modes	Ø	Ø

Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available

- (1) 2 point automatic belts

- (2) 3 point automatic belts

- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative

- (9) Unknown

Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative

- (1) Automatic belt in use

- (2) Automatic belt not in use (manually disconnected, motorized track inoperative)

- (3) Automatic belt use unknown

- (9) Unknown

Automatic (Passive) Belt System Type

- (0) Not equipped/not available

- (1) Non-motorized system

- (2) Motorized system

- (9) Unknown

Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used

- (1) Automatic belt used properly

- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm

- (4) Automatic shoulder belt worn behind back

- (5) Automatic belt worn around more than one person

- (6) Lap portion of automatic belt worn on abdomen

- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____

- (8) Other improper use of automatic belt system (specify): _____

- (9) Unknown

Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use

- (1) No automatic belt failure(s)

- (2) Torn webbing (stretched webbing not included)

- (3) Broken buckle or latchplate

- (4) Upper anchorage separated

- (5) Other anchorage separated (specify): _____

- (6) Broken retractor

- (7) Combination of above (specify): _____

- (8) Other automatic belt failure (specify): _____

- (9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attributes for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
FIRST	Availability	4	3	4
	Use	φφ	φφ	φφ 99
	Failure Modes	φ	φ	φ
SECOND	Availability	3	3	3
	Use	φφ	φφ	φφ
	Failure Modes	φ	φ	φ
THIRD	Availability			
	Use			
	Failure Modes			
OTHER	Availability			
	Use			
	Failure Modes			

Manual (Active) Belt System Availability

- (0) Not available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available – type unknown
- (8) Other belt (specify):

(9) Unknown

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used – type unknown

(08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat – type unknown
- (18) Other belt used with child safety seat (specify):

(99) Unknown if belt used

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

National Accident Sampling System - Crashworthiness Data System: Interior Vehicle Form

Page 7

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attributes for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
FIRST	Head Restraint Type/Damage	3	0	4
	Seat Type	05	05	05
	Seat Performance	1	1	6
SECOND	Head Restraint Type/Damage	0	0	0
	Seat Type	03	03	03
	Seat Performance	1	1	6
THIRD	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
OTHER	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			

Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral - no damage
- (2) Integral - damaged during accident
- (3) Adjustable - no damage
- (4) Adjustable - damaged during accident
- (5) Add-on - no damage
- (6) Add-on - damaged during accident
- (8) Other (specify): _____
- (9) Unknown

Seat Type (This Occupant Position)

- (00) No seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., van type)
- (09) Other seat type (specify): _____
- (99) Unknown

Seat Performance (This Occupant Position)

- (0) No seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks failed
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify):

RIGHT FRONT DOOR

- (7) Combination of above (specify): _____
- (8) Other (specify): _____

- (9) Unknown

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E. UNUSUAL OCCUPANT CONTACT PATTERN)

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indications that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No ☒ Yes []

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection

- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

Ejection Area

- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear

(7) Roof

- (8) Other area (e.g., back of pickup, etc.) (specify):

(9) Unknown**Ejection Medium**

- (1) Door hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

(5) Integral structure

- (8) Other medium (specify):

(9) Unknown**Medium Status (Immediately Prior to Impact)**

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

ENTRAPMENT No ☒ Yes []

Describe entrapment mechanism: *

Component(s):

(Note in vehicle interior diagram)



OCCUPANT ASSESSMENT FORM

Case Number

DSI-94-AB-05

Vehicle Number

02

Occupant Number

01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

(1) Male

(2) Female

(9) Unknown

7. Occupant's Height

Code actual height to the nearest inch.

(99) Unknown

8. Occupant's Weight

Code actual weight to the nearest pound.

(999) Unknown

9. Occupant's Role

(1) Driver

(2) Passenger

(9) Unknown

10. Occupant's Seat Position

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

(0) Normal posture

(1) Abnormal posture (specify):

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection

(0) No ejection

(1) Complete ejection

(2) Partial ejection

(3) Ejection, unknown degree

(9) Unknown

13. Ejection Area

(0) No ejection

(1) Windshield

(2) Left front

(3) Right front

(4) Left rear

(5) Right rear

(6) Rear

(7) Roof

(8) Other area (e.g., back of pickup, etc.)

(specify):

(9) Unknown

14. Ejection Medium

(0) No ejection

(1) Door/hatch/tailgate

(2) Nonfixed roof structure

(3) Fixed glazing

(4) Nonfixed glazing (specify):

(5) Integral structure

(8) Other medium (specify):

(9) Unknown

15. Medium Status (Immediately Prior to Impact)

(0) No ejection

(1) Open

(2) Closed

(3) Integral structure

(9) Unknown

16. Entrapment

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

(0) Not entrapped

(1) Entrapped

(9) Unknown

RESTRAINT SYSTEM AND SEAT EVALUATION**17. Manual (Active) Belt System Availability** 4

- (0) Not available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown
- (8) Other belt (specify): _____

(9) Unknown

18. Manual (Active) Belt System Use Φ Φ

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify): _____

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat - type unknown
- (18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used

19. Proper Use of Manual (Active) Belts Φ

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown

20. Manual (Active) Belt Failure Modes During Accident Φ

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown

21. Air Bag System Availability/Function Φ

- (0) Not equipped/not available
- (1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled

(9) Unknown

22. Air Bag System Deployment Φ

- (0) Not equipped/not available
- (1) Air bag deployed during accident
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (9) Unknown

23. Did Air Bag System Fail? Φ

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____

(9) Unknown

Note: See Variables 44 through 48 (Page 5)
for Information on Automatic Belts

24. Police Reported Restraint Use Φ

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): _____

(8) Restrained, type unknown

(9) Police indicated "unknown"

25. Head Restraint Type/Damage by Occupant at This Occupant Position 3

- (0) No head restraints
- (1) Integral - no damage
- (2) Integral - damaged during accident
- (3) Adjustable - no damage
- (4) Adjustable - damaged during accident
- (5) Add-on - no damage
- (6) Add-on - damaged during accident
- (8) Other (specify): _____

(9) Unknown

26. Seat Type (This Occupant Position) 5

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., van type)
- (09) Other seat type (specify):

(99) Unknown

27. Seat Performance (This Occupant Position) 1

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks failed
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify):

(7) Combination of above (specify):

(8) Other (specify):

(9) Unknown

CHILD SAFETY SEAT28. Child Safety Seat Make/Model φ φ φ

(000) No child safety seat

Applicable codes are found in your NASS CDS Data Collection, Coding, and Editing Manual

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat φ

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation φ φ

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify):

(09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation for This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage φ φ32. Child Safety Seat Shield Usage φ φ33. Child Safety Seat Tether Usage φ φ

Note: Options below applicable to Variables OA31-OA33.

(00) No child safety seat

Not Designed with
Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed with Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed with Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES	
<p>34. Injury Severity (Police Rating) <u>4</u></p> <p>(0) O—No injury (1) C—Possible injury (2) B—Nonincapacitating injury (3) A—Incapacitating injury (4) K—Killed (5) U—Injury, severity unknown (6) Died prior to accident (9) Unknown</p> <p>35. Treatment—Mortality <u>1</u></p> <p>(0) No treatment (1) Fatal (2) Fatal—ruled disease</p> <p>Nonfatal (3) Hospitalized (4) Transported and released (5) Treatment at scene—nontransported (6) Treatment later (8) Treatment—other (specify): _____</p> <p>(9) Unknown</p> <p>36. Type of Medical Facility (for Initial Treatment) <u>φ</u></p> <p>(0) Not treated at a medical facility (1) Trauma center (2) Hospital (3) Medical clinic (4) Physician's office (5) Treatment later at medical facility (8) Other (specify): _____</p> <p>(9) Unknown</p> <p>37. Hospital stay <u>φ φ</u></p> <p>_____ Code number of days (up through 60) that the occupant stayed in the hospital (00) Not hospitalized (61) 61 days or more (99) Unknown</p> <p>98. Glasgow Coma Score (upon admission) _____</p> <p>(99) Unknown</p>	<p>38. Working Days Lost <u>6 2</u></p> <p>_____ Code the number of days (up through 60) that the occupant lost from work due to the accident (00) No working days lost (61) 61 days or more (62) Fatally injured (97) Not working prior to accident (99) Unknown</p> <p>39. Time to Death <u>φ 1</u></p> <p>_____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60) (00) Not fatal (96) Fatal—ruled disease (99) Unknown</p> <p>40. 1st Medically Reported Cause of Death <u>9 9</u></p> <p>41. 2nd Medically Reported Cause of Death <u>9 9</u></p> <p>42. 3rd Medically Reported Cause of Death <u>9 9</u></p> <p>_____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death (00) Not fatal or no additional causes (97) Other result (specify): _____</p> <p>(99) Unknown</p> <p>43. Number of Recorded Injuries for This Occupant <u>9 1</u></p> <p>_____ Code the actual number of injuries recorded for this occupant. (00) No recorded injuries (97) Injured, details unknown (99) Unknown if injured</p> <p>99. Case Occupant <u>φ</u></p> <p>(0) Not the Case occupant (1) This is the Case occupant (2) This is the Case occupant in another case</p>
<p>UPDATE CANDIDATE NO [] YES []</p>	
<p>*** STOP HERE ***</p> <p>IF THERE ARE NO RECORDED INJURIES (I.E., OA43=00, 97, 99)</p>	

National Accident Sampling System-Crashworthiness Data System: Occupant Assessment Form

Page 5

44. Automatic (Passive) Belt System Availability/ ☒

Function

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use ☒

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type ☒

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive) Belt System ☒

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____
- (8) Other improper use of automatic belt system (specify): _____
- (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident ☒

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____
- (9) Unknown

UPDATE CANDIDATE? NO [X] YES []

OCCUPANT INJURY FORM INCLUDED WITH INITIAL SUBMISSION? NO [] YES [X]

*** STOP HERE ***
 IF THERE ARE NO RECORDED INJURIES
 (I.E., OA43 = 00,97,99)



U.S. Department of Transportation
National Highway Traffic Safety
Administration

BEST AVAILABLE

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

OCCUPANT INJURY FORM

Case Number— DSI-90-AB-05 Vehicle Number 02
Occupant Number 01

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

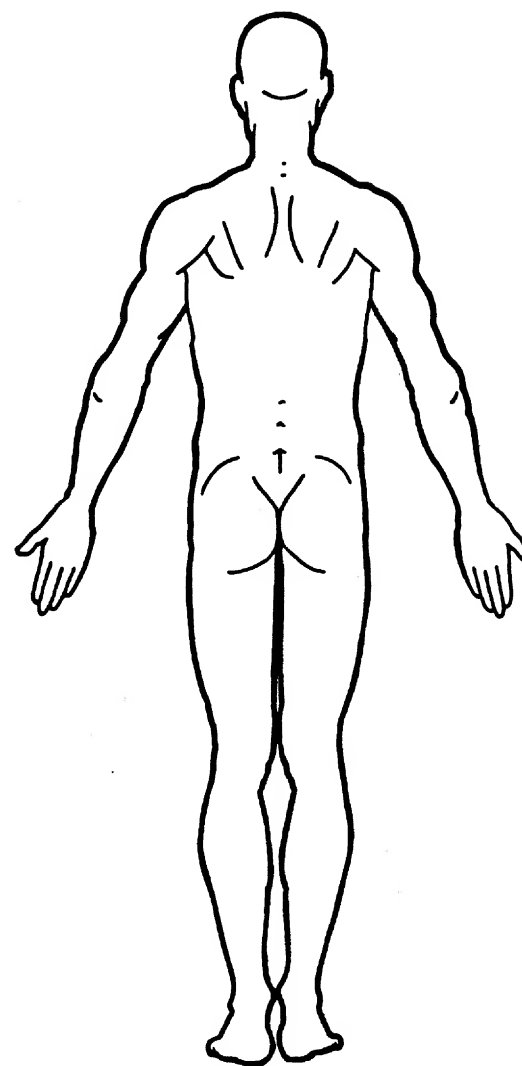
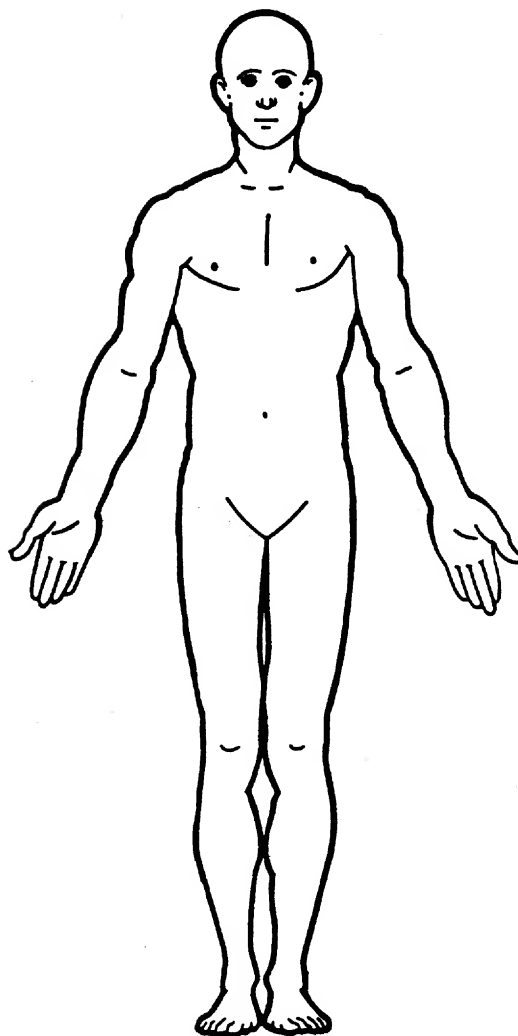
	Source of Injury Data	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
1st	1. <u>2</u>	2. <u>4</u>	3. <u>4</u>	4. <u>4</u>	5. <u>4</u>	6. <u>7</u>	7. <u>27</u>	8. <u>2</u>	9. <u>7</u>	10. <u>29</u>
2nd	15. ____	16. ____	17. ____	18. ____	19. ____	20. ____	21. ____	22. ____	23. ____	24. ____
3rd	25. ____	26. ____	27. ____	28. ____	29. ____	30. ____	31. ____	32. ____	33. ____	34. ____
4th	35. ____	36. ____	37. ____	38. ____	39. ____	40. ____	41. ____	42. ____	43. ____	44. ____
5th	45. ____	46. ____	47. ____	48. ____	49. ____	50. ____	51. ____	52. ____	53. ____	54. ____
6th	55. ____	56. ____	57. ____	58. ____	59. ____	60. ____	61. ____	62. ____	63. ____	64. ____
7th	65. ____	66. ____	67. ____	68. ____	69. ____	70. ____	71. ____	72. ____	73. ____	74. ____
8th	75. ____	76. ____	77. ____	78. ____	79. ____	80. ____	81. ____	82. ____	83. ____	84. ____
9th	85. ____	86. ____	87. ____	88. ____	89. ____	90. ____	91. ____	92. ____	93. ____	94. ____
10th	95. ____	96. ____	97. ____	98. ____	99. ____	100. ____	101. ____	102. ____	103. ____	104. ____

HS Form 433B

This report is authorized by P.L. 90-563, Title 1, Section 106, 108, and 112. While you are not required to respond, your cooperation is needed to make the results of this data collection effort comprehensive, accurate, and timely.

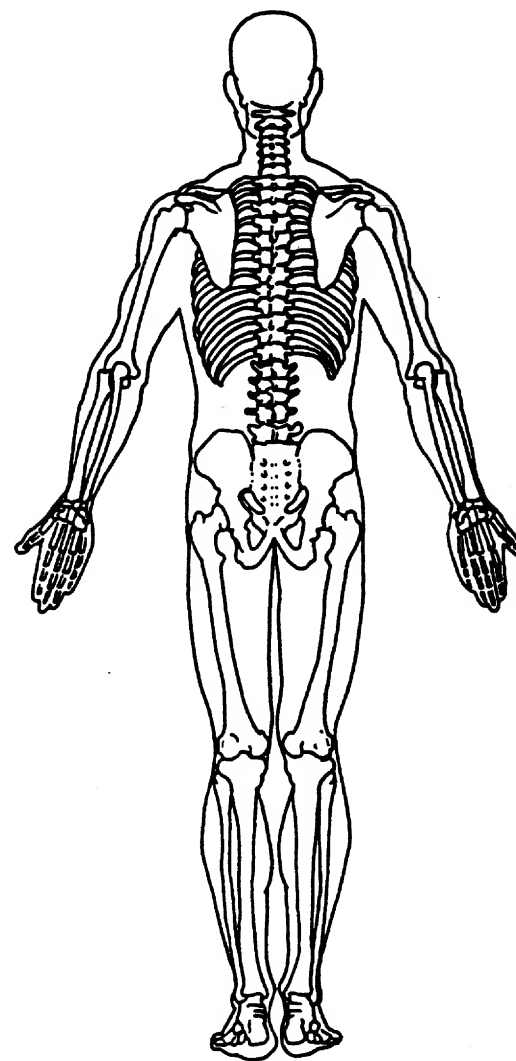
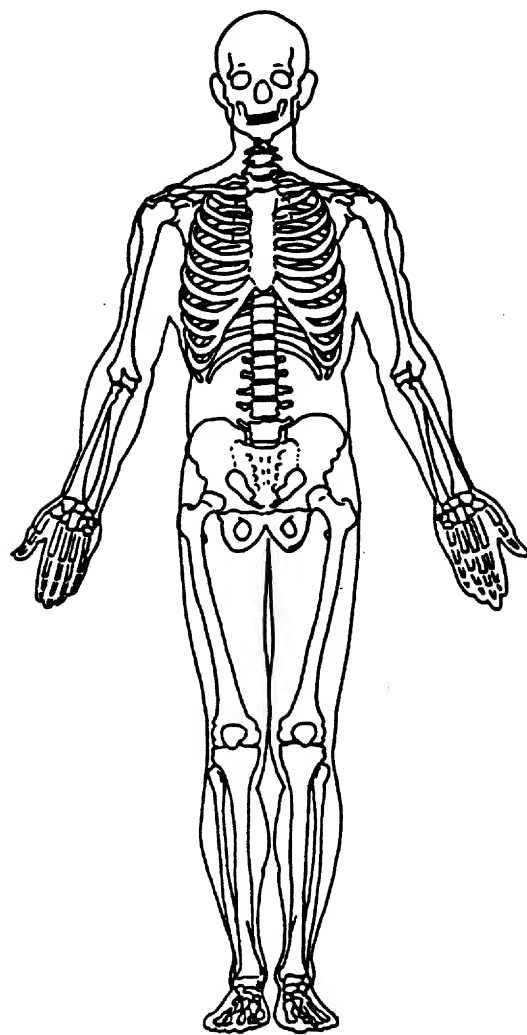
OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

Indicate the *Location*, *Lesion*, *Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



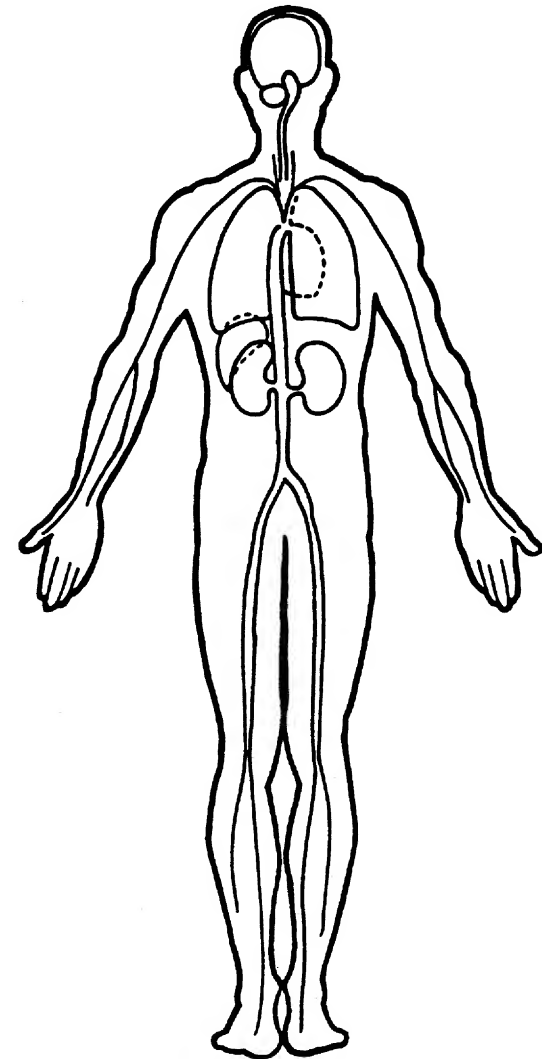
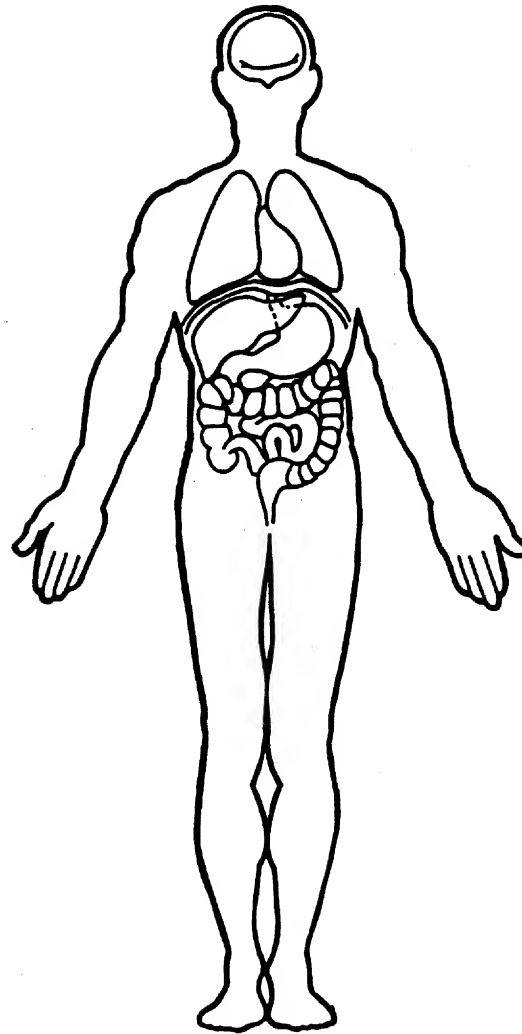
OFFICIAL INJURY DATA – SKELETAL INJURIES

Indicate the *Location*, *Lesion*, *Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA – INTERNAL INJURIES

Indicate the *Location, Lesion, Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



BEST AVAILABLE

PENALTY: Misconduct

CIRCLE THE APPROPRIATE SELECTION

C-10 (Rev. 5-81)

Department Name

SIN Number

Department Complaint No.

Area

Preced

OFFICIAL TRAFFIC ACCIDENT REPORT

DO NOT USE

Time

No. 1a

No. 1b

No. 1c

No. 1d

No. 1e

No. 1f

No. 1g

No. 1h

No. 1i

No. 1j

No. 1k

No. 1l

No. 1m

No. 1n

No. 1o

No. 1p

No. 1q

No. 1r

No. 1s

No. 1t

No. 1u

No. 1v

No. 1w

No. 1x

No. 1y

No. 1z

No. 1aa

No. 1ab

No. 1ac

No. 1ad

No. 1ae

No. 1af

No. 1ag

No. 1ah

No. 1ai

No. 1aj

No. 1ak

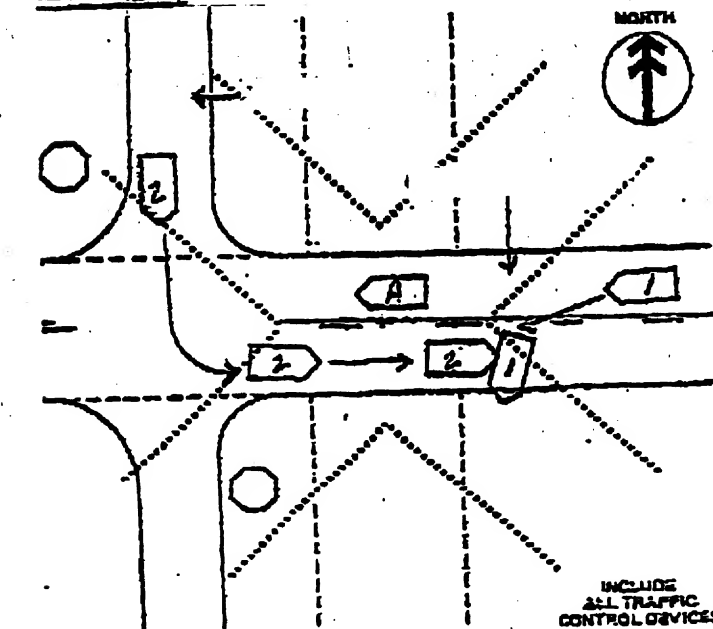
No. 1al

No. 1am

No. 1an

No. 1ao

County No.	City No.	Town No.	Section No.	Box of Work	Accident Date: Month/Day/Year	Time	AM/PM	Route No.	
Name				Address No.	90		MI. N 8 1/2 W		
WEATHER		LIGHT		ROAD SURFACE		TOTAL LANE		TOTAL NO. VEHICLES	
<input type="radio"/> Clear or Cloudy <input type="radio"/> Rain <input type="radio"/> Fog <input type="radio"/> Snow		<input type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Dusk		<input type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Snowy or icy <input type="radio"/> Other		<input type="radio"/> Divided <input type="radio"/> Limited Access <input type="radio"/> Other		<input type="radio"/> Construction Zone <input type="radio"/> Investigated at Scene	
Scale		Driver's License		INSURANCE		Medicaid Action No.		Citation Charge	
71		71		71		71		71	
Driver's Name		First		Last		Address		City	
Year (Make No. Type)		1980		03		11		0	
VIN (Make Letters Larger Than Numbers)		917		1237KA		1474431		Class	
Y <input type="radio"/> No. Citation		Y <input type="radio"/> Driver Re-exam		Y <input type="radio"/> Vehicle Defect		Y <input type="radio"/> Fuel Leakage		Y <input type="radio"/> Vehicle Fire	
Y <input type="radio"/> Other Citation		Y <input type="radio"/> Vision Obstruct		Y <input type="radio"/> No. Driveway		Y <input type="radio"/> No. Driveway		Y <input type="radio"/> No. Driveway	
Remarks by occupants		Name		Address		City		State	
1		2		3		4		5	
6		7		8		9		10	
Local Use/Owner, Please (If Veh. Type 7 or 8, List Carrier)		Insurance Co.		Agency Address		Injured taken to/by		Injured taken to/by	
Scale		Driver's License		INSURANCE		Medicaid Action No.		Citation Charge	
71		71		71		71		71	
Driver's Name		First		Last		Address		City	
Year (Make No. Type)		1990		01		11		0	
VIN (Make Letters Larger Than Numbers)		1E		1G4HP54C4L5		1G4HP54C4L5		Class	
Y <input type="radio"/> No. Citation		Y <input type="radio"/> Driver Re-exam		Y <input type="radio"/> Vehicle Defect		Y <input type="radio"/> Fuel Leakage		Y <input type="radio"/> Vehicle Fire	
Y <input type="radio"/> Other Citation		Y <input type="radio"/> Vision Obstruct		Y <input type="radio"/> No. Driveway		Y <input type="radio"/> No. Driveway		Y <input type="radio"/> No. Driveway	
Remarks by occupants		Name		Address		City		State	
1		2		3		4		5	
6		7		8		9		10	
Local Use/Owner, Please (If Veh. Type 7 or 8, List Carrier)		Insurance Co.		Agency Address		Injured taken to/by		Injured taken to/by	



ACCIDENT DESCRIPTION AND REMARKS (Optional)

VEHICLE #1 WAS WESTBOUND ON
 AT AN APPARENT HIGH RATE OF SPEED BEHIND
 ANOTHER WESTBOUND VEH., (VEH. #2)
 #2 HAD BEEN SOUTHBOUND ON
 A STOP, THEN PROCEEDED EAST ON
 VEHICLE #1 HAD MANUEVERED INTO THE
 EASTBOUND LANE OF TRAVEL, OUT OF CONTROL
 AND WAS STRUCK BY VEH. #2. THE DRIVER OF
 VEHICLE #1, AND THE PASSENGER IN VEH. #2
 WERE BOTH PRONOUNCED DEAD AT THE SCENE.

SEE SUPPLEMENTS FOR MORE DETAILS

Remarks: Month/Day/Year	Investigator	Badge No.	Damage Property Other Than Vehicle
Printed by	Comp. Classification	Reported Person Advised of Damages Traffic Control Device	Owner
1	Open	Close	Accident
Use Accident Description and			
FORWARD COPY TO:			

TRAFFIC SERVICES DIVISION
COMP. [REDACTED]**VEHICLE EVALUATIONS:**

Vehicle number one is a 1980 Chevrolet/Monte Carlo/2dr/red in color. V.I.N.#1Z37KA1. [REDACTED]

REGISTERED OWNER: [REDACTED]

The vehicle has a automatic transmission, with a V-8 engine. This officer examined the listed vehicle both at the scene and then again on [REDACTED] 90 at 9:30 AM at [REDACTED] where it had been secured inside by order of this reporting officer. On this date, [REDACTED] this officer took photographs of the vehicle which included the basic 16 shots around the vehicle and then some additional photos of which this officer thought was pertinent. Vehicle #1 sustained heavy contact damage on the passenger side, starting near the front and working towards the passenger side door. there is induced damage to the front hood, roof and rear trunk area which would have been caused when the vehicle landed on its drivers side after going airborne when it was struck by vehicle #2. An examination was done on the headlights of vehicle #1, which would indicate that the vehicle did not have it's lights, (bright or low beam), on at the time of the accident. The brake lights were also checked, they also indicated at the time of impact that the brake lights were not on. This officer examined the seatbelt of the driver, there was no sign that the driver was wearing the seatbelt, (lap/shoulder type), at the time of the accident. The tires on the vehicle were all the same type and model, that being Goodyear Eagle/size [REDACTED] the left front/right rear and left rear, were all inflated, however the tread depth appeared very low. The tread depth on the right front tire was less than 2/32 of a inch, and the wear bars could be seen. The right front tire was flat, with the rim being bent from impact, thus the loss of air-pressure. This officer noted red paint on both the sidewall of the right front tire and on the rim, this would more than likely come from the front end of vehicle #2, where this officer noted a black scrub. The right front wheel had been severed from the axle during impact.

VEHICLE #2:

Vehicle #2 is a 1990 Buick/Le Sabre/4dr/Red in color/OH 91 Res: [REDACTED] V.I.N.# 1G4HP54C4LH [REDACTED]
REGISTERED OWNER: [REDACTED]

DEPUTY [REDACTED]

TRAFFIC SERVICES DIVISION

COMP. [REDACTED]

Vehicle #2 was also examined briefly at the scene of the accident and then again in detail on [REDACTED] by this reporting officer, (Deputy [REDACTED]). This officer took the basic 16 shots of the exterior of the vehicle and in addition took some photos which may be pertinent to the death of [REDACTED]. Vehicle #2 sustained heavy contact damage to the front end of the vehicle with additional light contact damage along the drivers side, this being a secondary slap type of impact when vehicle #1 rotated. This officer observed, (and photographed), broken red plastic lens, which appears to have come from the brake light area on the passenger side of vehicle #1. There is also the lighter red colored paint of vehicle #1 imbedded on the rear window pillar; (drivers side). of vehicle #2, this would have come when vehicle #1 was going airborne and came in contact with vehicle #1. Officer could not determine if the headlights of vehicle #2 were on at the time of impact, due to the fact that they were destroyed by impact to a point which would not allow an examination. Officer attempted to determine if the lights were on by looking at the light switch however this area was damaged by [REDACTED] body at impact, again leaving the way to make a determination. The tires of vehicle #2 were of all the same make and model, that being: Uniroyal-Tiger Paw Size P205/75R14. This officer noted two gashes in the front windshield which would have appeared to been caused when the engine hood was pushed back from impact and the corner of the hood, (drivers side), penetrated the windshield. Officer measured both these gashes, the largest being 11 inches and the second being 6 inches long. Both gashes appeared to have a crescent shape to them and it was noted that a red painted was visible around the sharp edges, this material was photographed, in addition this officer noted that there was some scrapping on the top of the engine hood, approx. 7 inches inward from the corner, (drivers side), which appears to be consistent with the hood penetrating the front windshield. This vehicle has a automatic transmission, and the odometer indicating 19029.2 miles. The seatbelts were examined on this vehicle for both the driver and front seat passenger. It was noted that the driver did not appear to have been wearing the lap/shoulder type harness at the time of the impact, and the passenger front seat subject did appear to have been wearing her seat belt at the time of the impact. This officer noted that

DEPUTY [REDACTED]

TRAFFIC SERVICES DIVISION
COMP. [REDACTED]

there was grey hair in the upper left quadrant of the passenger compartment, which would indicate that Mr [REDACTED] was not wearing his belt, in addition he stated to this officer that he was not wearing his seatbelt at the time of the accident. = Driver
was wearing a blond wig at the time of impact.

WITNESS STATEMENT:

[REDACTED]
[REDACTED]
[REDACTED]

DEPUTY

Reporting officers were working the afternoon shift. (2pm to 10pm) on [redacted] at approximately 1652 hrs officers overheard radio traffic involving a personal injury accident at the intersection of [redacted] is the primary response patch sent [redacted] vehicle. At the time of this radio traffic R/O's were at [redacted] St and [redacted] St in the City [redacted]

R/O's began working in that general direction in the event that the primary officer needed assistance. When officers reached [redacted] no additional radio traffic was overheard by rescue units on the scene that there was at least one person dead at the crash scene. At that time R/O's responded directly to that scene while advising dispatch to send [redacted] also. Writers also advised dispatch to contact [redacted] of the incident. Officers arrived on the scene traveling west on [redacted] Rd. Upon arrival officers saw two crashed vehicles with rescue workers attending to the occupants of the vehicles.

[redacted] met with [redacted] who was standing near a Chevrolet Monte Carlo that was up on its drivers side. Officer [redacted] notice a white male in the wreckage of the Monte Carlo. [redacted] was standing with the drivers father Mr. [redacted] Sr. who was very distraught and asked permission to identify his sons body who was dead at the scene. [redacted] identified the driver of the Chevrolet as being his son [redacted]. When Deputy [redacted] approached the [redacted] vehicle a strong odor of intoxicants was detected coming from the inside of the car. When [redacted] body was removed from the wreckage a budweiser beer bottle was found underneath him containing approximately 2 ounces of beer. Officer was then approached by [redacted] who is the Chief of the [redacted] Volunteer Fire Department.

[redacted] then advised that there was an elderly female deceased in the Buick that was positioned upright west of the [redacted] vehicle. He told officers that an elderly male was the driver of the Buick and they were extracting him from the vehicle. Once he was removed from the vehicle he [redacted] was transported to the University of [redacted] hospital in [redacted] via E.M.T.S ambulance service of [redacted]. At this time officer directed Reserve Deputy [redacted] to start gathering any witness information from the people that were standing around the scene of the accident.

Deputy [redacted] began taking photographs of the accident scene. Shortly thereafter Deputy [redacted] arrived on the scene. WITNESS: As officer was talking to Deputy [redacted] a white female came up to report her involvement in the accident. She told this writer that she was the first person on the scene after the crash but did not see the actual collision. Writer advised her to write

Information on the officers note pad that was supplied to and that one of the officers on the scene would take her statement in a matter of minutes. This person identified herself being

Officer on scene: Lt. [redacted] and Res. Deputy [redacted]

Deputies

Fire Rescue: [redacted] personnel is contained in Res. Deputy [redacted]

V.F.D. A list of Fire personnel supplement. [redacted]

Ambulance Service: E.M.T.S. of [redacted]

and

Medical Examiner on Scene: Dr. [redacted] Examiner of [redacted]

Chief Medical Examiner [redacted]

Wrecker Service: [redacted]

under the direction of [redacted]

Media on Scene: Camera person from [redacted]

Weather Conditions: Obtained from [redacted] Metro Weather Service..
 Temperature 56 degrees (F)
 Winds South at 14mph
 Barometric Pressure steady at 29.97
 Dew Point 44
 Visibility 7 miles with mostly cloudy skies

Roadway Profile: [redacted] in an asphalt paved road that runs east and west. It has one lane for each direction. The roadway is divided by broken yellow lane lines and there is a solid yellow line in the accident location indicating no passing for traffic in either direction. The roadway surface is traveled but not considered polished as the paving is fairly recent. The surface showed no extreme deformities however, minor surfacing cracking was present. The road is bordered by gravel shoulders on each side. The south shoulder measured 2.0 ft. The east bound lane measured 10.0 ft. The westbound lane measured 10.3 ft. And the north side shoulder measured 3.4 ft.

[redacted] is a gravel roadway that runs north and south. There is one lane for each direction, however, there are no traffic control devices present to identify the lanes. The roadway is 22 feet wide with no shoulders present. The roadway is in good repair displaying minor potholes and bumps. There are posted stop sign for both north and southbound traffic.

(FA)

TRAFFIC SERVICES DIVISION

WITNESS INFORMATION:

D.O.B.

approached officers approximately one hour after accident and he relayed the following information. Mr. [REDACTED] hunting in a wooded area that is located northeast of the accident scene. He said that he heard a vehicle accelerate rapidly short time later heard tires squealing and then hear loud crash. Seconds later he heard tires squealing and then noise stopped. Seconds later he heard a vehicle accelerate rapidly and again heard tires squealing. He said the vehicle traveling east on [REDACTED] and he heard the engine of vehicle rev down when it approached the bridge in the road at of the accident scene. He said the vehicle was definitely equipped with an eight cylinder motor and the exhaust sounded like it was leaking. [REDACTED] was a professional body repairman and is very familiar with the sounds of engines. He did not see any vehicles however. When he came out of the woods he saw all of the emergency lights and then walked to the accident scene to report what he had heard.

Deputies [REDACTED] then measured the accident scene. Wreckers were summoned and the vehicles were then removed. A hold was placed on each vehicle until the investigation is completed. Officers then directed Deputy [REDACTED] to interview the witnesses and to attend the autopsy to be performed on [REDACTED] in a home at 8:00pm that evening. Deputy [REDACTED] son then instructed Res. Deputy [REDACTED] to take [REDACTED] and attend the autopsy also. Deputies [REDACTED] then left the scene and went to the University of [REDACTED] Hospital in [REDACTED] to talk to [REDACTED] and his family.

Officers arrived at the [REDACTED] but were unable to talk to [REDACTED] at that time due to the fact that hospital personnel were running tests on him to determine the extent of his injuries. Officers were able to talk to his son, daughter in law and two grandchildren that were present at the hospital upon officers arrival.

[REDACTED] were advised of the details of the accident as the officers knew them at the time. They told officers that they were contacted by the hospital and they responded to the [REDACTED]. They said they were able to talk to their father briefly. He told them that all he could remember was that he was south on [REDACTED] and then turned onto [REDACTED] Rd. He said that he doesn't remember anything after that. Officers inquired as to what Mr. and Mrs. [REDACTED] were doing in that area. [REDACTED] said that his mother and father would go for rides around the country side almost every night. He said that his mother grew up in [REDACTED] and [REDACTED]

that his father was very familiar with the area. He said that his parents probably traveled the roads involved at least a 100 times. [REDACTED] was given the information concerning the dog that was in his parents vehicle and what steps he needed to take to get the animal medical attention for its injuries. [REDACTED] will be interviewed by one of the officers from Traffic Services at a later date. See the supplements to that effect.



SHERIFF

FACSIMILE COVER SHEET

Date: _____

TO: _____

FROM: *Deputy* _____SUBJECT: Facsimile Transmission of *Field Memoranda*

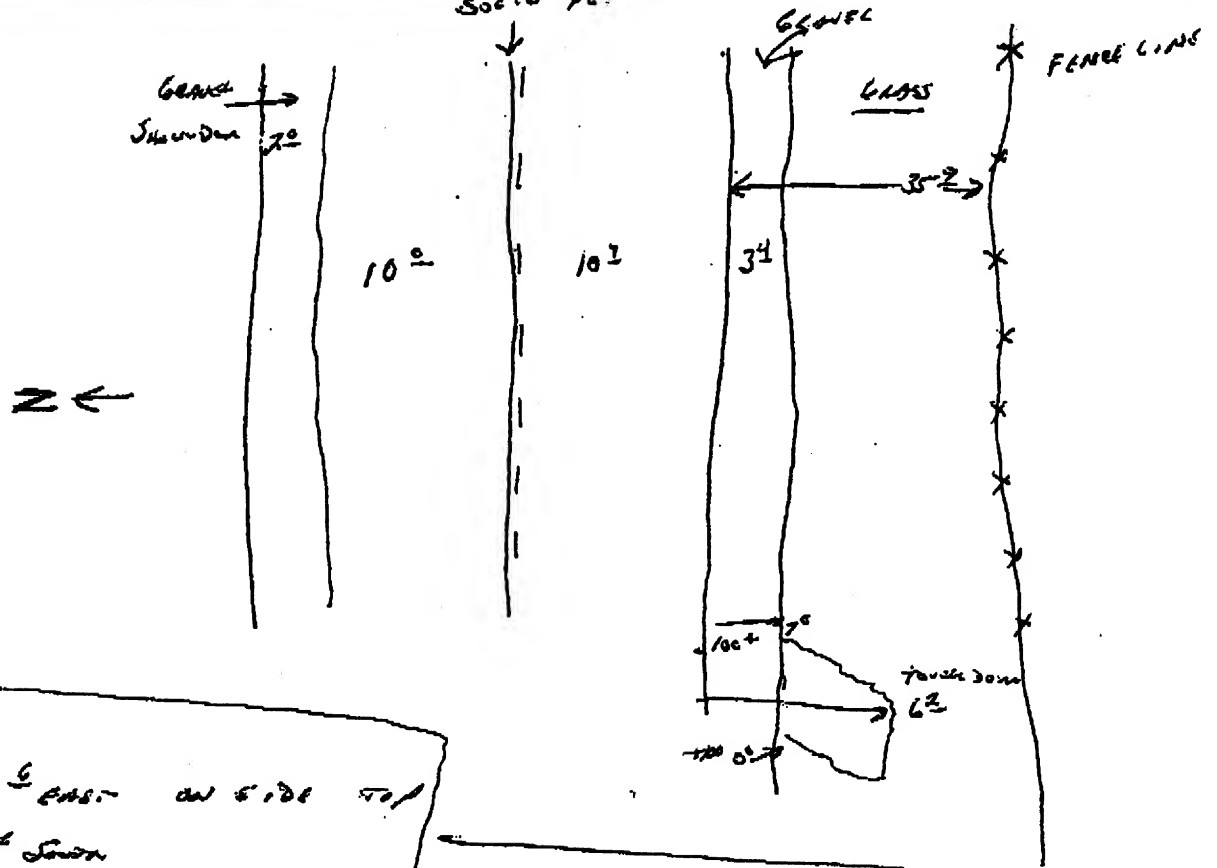
This transmission should consist of 4 pages, including cover sheet. Should you fail to receive any part thereof, kindly recontact us at _____ for retransmission.

Addressee FAX No. _____ Addressor FAX No. _____

Special Instructions: _____



BEST AVAILABLE



Mount Carlo

Pass Road 76± East on side top
18± South

Pass Road 88± E
13± S

Box

50.8 East - Front Pass Road
20.9 South

58± East - Rear Pass Road
18±

These marks are +100±
from R.P. 1,

Sum of Road Side

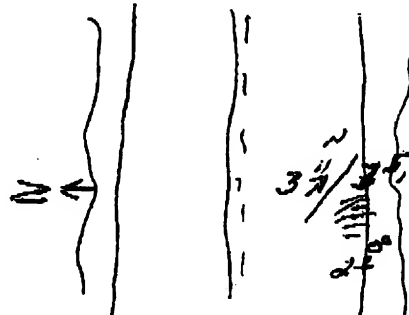
135 6 East	15 3 North
120 6 "	15 2 "
105 6 "	15 9 "
88 3 "	15 4 "
72 4 "	14 5
58 5	13 1
38 5	10 10
22 3	7 10

+100 ft

Sum of Road Side

3± East - 30± North

0± East - 2± North



Perhaps left rear
lim. of Boxed side
caused this mark.

BEST AVAILABLE

← N

Fence

Calderon

BUICK

STOP

BUNCH

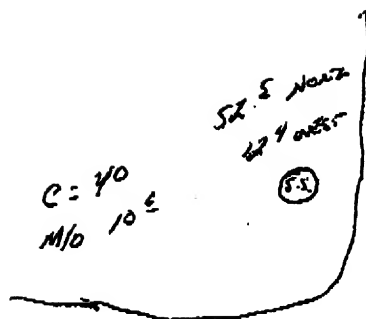
GUARD RAIL

GUARD RAIL

STOP

Police

Gravel



N
↑

C = 40 ²
 M/D = 8 ²

R.P.
↓

Reference Point #1
 is intersection of
 S/W Corner

C = 40
 M/D 13 L

Gravel

C = 40 ²
 M/D 13 ²

16 E Enr
 34 E South